52:14-17.46, et. al.

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2007 **CHAPTER**: 103

NJSA: 52:14-17.46, et. al. (Changes PERS, TPAF and DCRP contribution rates)

BILL NO: A5005 (Substituted for S3004)

SPONSOR(S): Roberts and others

DATE INTRODUCED: June 14, 2007

COMMITTEE: ASSEMBLY: Budget

SENATE:

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: June 21, 2007

SENATE: June 21, 2007

DATE OF APPROVAL: June 28, 2007

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First reprint enacted)

A5005

SPONSOR'S STATEMENT: (Begins on page 74 of original bill) Yes

COMMITTEE STATEMENT: <u>ASSEMBLY</u>: <u>Yes</u>

SENATE: No

FLOOR AMENDMENT STATEMENT: No

<u>LEGISLATIVE FISCAL ESTIMATE</u>: <u>Yes</u>

S3004

SPONSOR'S STATEMENT: (Begins on page 74 of original bill) Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes

FLOOR AMENDMENT STATEMENT: No

<u>LEGISLATIVE FISCAL ESTIMATE</u>: <u>Yes</u>

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

NEW JERSEY LEGISLATURE NEWS RELEASE Yes 6-6-06

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or mailto:refdesk@njstatelib.org

REPORTS: Yes

HEARINGS: No

NEWSPAPER ARTICLES: Yes

FINAL REPORT

974.90 New Jersey Legislature Joint Legislative Committee on Public Employee Pension Reform.

P418 Final Report. December 1, 2006.

2006z/b

P418

ANCILLARY REPORTS REGARDING JOINT LEGISLATIVE COMMITTEE ON PUBLIC EMPLOYEE BENEFITS REFORM:

-List of New Jersey State Library catalog entries for New Jersey Document call number 974.90, P418, 2006a-z/a attached.

974.90 New Jersey Legislature. Joint Legislative Committee on Public Employee Benefits Reform. Presentation by

Frederick J. Beaver, Director of NJ Division of Pensions and Benefits, August 9, 2006, Trenton, NJ

2006	
974.90 New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform. Presentation on legal issues related to changes in pension benefits by the Office of Legislative Services, August 23, 2006 Trenton, NJ	
974.90 New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform. Presentation from Frederick J. Beaver, Director of NJ Division of Pensions and Benefits and H. Charles Wedel, Chief Financial Officer and Treasurer, NJ Transit Corporation, August 31, 2006, Trenton, NJ	
974.90 New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform. Presentation by P418 Frederick J. Beaver, Director of NJ Division of Pensions and Benefits, August 24, 2006, Trenton NJ	

974.90 New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform, Presentation by P418 Frederick J. Beaver, Director of NJ Division of Pension and Benefits, to discuss the State Health Benefits

2006d Program for state and local government participants, September 13, 2006, Trenton, NJ

974.90 New Jersey. Office of Legislative Services, Background report: public employees' retirement system,

P418 prepared January 2005

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974.90 New Jersey. Treasury Dept., Summary of actuarially determined pension contributions

P418

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974.90 New Jersey. Treasury Dept., New Jersey state-administered retirement systems: GASB 25

P418 and 27 schedule of funding progress

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[&]quot;Unions get relief on health care fee," The Star-Ledger, 6-29-07, p. 25

[&]quot;New law targets the newly retired," Asbury Park Press, 6-29-07, p.A3

[&]quot;Taxpayers subsidize state workers again," The Trentonian, 6-29-07, p.18

974.90 P418 2006h	New Jersey. Treasury Dept., Projected state pension contribution amounts FY 2007-FY 2008
974.90 P418 2006i	New Jersey. Office of Legislative Services, State health benefits program: the basics July 2006
974.90 P418 2006j	New Jersey. Office of Legislative Services, Background paper: other post employment benefits
974.90 P418 2006k	New Jersey. Office of Legislative Services, Funding New Jersey public employee retirement systems, July 2006
974.90 P418 2006l	New Jersey. Division of Pensions and Benefits, Written responses to questions that were raised before the Joint Legislative Committee on Public Employee Benefits Reform hearing on August 9, 2006
974.90 P418 2006m	New Jersey. Division of Pensions and Benefits, Written responses to questions that were raised before the Joint Legislative Committee on Public Employee Benefits Reform hearing on August 24, 2006
974.90 P418 2006n	New Jersey. Division of Pensions and Benefits, Written responses to questions that were raised before the Joint Legislative Committee on Public Employee Benefits Reform hearing on August 31, 2006
974.90 P418 2006o	Beaver, Frederick J., Presentation to Joint Legislative Committee on Public Employee Benefits Reform August 9, 2006
974.90 P418 2006p	Beaver, Frederick J., State of the state pension systems, August 24, 2006
974.90 P418 2006q	Beaver, Frederick J., New Jersey Alternate Benefit Program: overview for the Joint Legislative Committee on Public Employee Benefits Reform, August 31, 2006
974.90 P418 2006r	Reimert, William A., Employee Benefits Reform, Presentation to Joint Legislative Committee on Public Employee Benefits Reform, August 31, 2006
974.90 P418 2006s	Wedel, H. Charles, New Jersey Transit: transition from defined benefit pension plans to defined contribution pension plans
974.90 P418 2006t	Beaver, Frederick J., New Jersey State Health Benefits Program. Joint Committee on Public Employee Benefits Reform, September 13, 2006
974.90 P418 2006u	New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform: testimony from the public on pensions and health benefits provided to state, county, municipal, or school district employees, September 19, 2006, Clifton, NJ
974.90 P418 2006v	New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform: testimony from Philip D. Murphy, chairman of the Governor's Benefits Review Task Force, October 25, 2006, Trenton, NJ

974.90	New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform: testimony from
P418	the public on pensions and health benefits provided to state, county, municipal, or school district employees,
2006w	October 18, 2006, Sewell, NJ
	New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform;
P418	Committee meeting to consider final report, November 27, 2006, Trenton, NJ
2006x	
074.00	New Jareay Legislature, Joint Legislative Committee on Bublic Employee Banefite Beform, Committee
974.90 P418	New Jersey. Legislature. Joint Legislative Committee on Public Employee Benefits Reform, Committee meeting: transcript of proceedings, December 7, 2006, Trenton, NJ
2006y	Theeting. transcript of proceedings, December 7, 2000, Trenton, No
20009	
974.90	New Jersey. Department of the Treasury. Division of Investment. Report to the NJ Legislature pursuant to
P418	P.L. 2005, c.162 (investments in Sudan), August 4, 2006
2006z	
	New Jersey. Office of the Inspector General. Summary and analysis of state authorities' employee benefits
P418	October 23, 2006
2006z/a	

IS 4/24/08

\$\$31-41 C.52:14-17.46.1
to 52:14-17.46.11
\$48 C.52:14-17.32a1
\$49 C.52:14-17.46a
\$52 - Note to
\$\$1-51

P.L. 2007, CHAPTER 103, approved June 28, 2007 Assembly, No. 5005 (First Reprint)

AN ACT concerning the Public Employees' Retirement System of
New Jersey, the Teachers' Pension and Annuity Fund, the
Defined Contribution Retirement Program, ¹[and] ¹ the State
Health Benefits Program ¹, and the State Investment Council ¹,
revising various parts of the statutory law and supplementing
P.L.1961, c.49 (C.52:14-17.25 et seq.).

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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1. N.J.S.18A:66-29 is amended to read as follows:

18A:66-29. Members enrolled in the retirement system on or after July 1, 1994 shall contribute 5% of compensation to the system. Members enrolled in the system prior to July 1, 1994 shall contribute 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, provided, however, that any member enrolled before July 1, 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, and 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1996.

Members enrolled in the retirement system on or after July 1, 2007 shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007

29 <u>2007.</u>

30 (cf: P.L.1994, c.62, s.4)

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- 32 2. Section 25 of P.L.1954, c.84 (C.43:15A-25) is amended to read as follows:
- 34 25. ¹a. ¹ The annuity savings fund shall be the fund in which

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter. Matter enclosed in superscript numerals has been adopted as follows: ¹Assembly ABU committee amendments adopted June 18, 2007. shall be credited accumulated deductions and contributions by members or on their behalf to provide for their allowances. A single account shall be established in this fund for each person who is or shall become a member and all contributions deducted from each such member's compensation shall be credited to his account regardless of the number of positions a member might hold or the number of employers as he might have.

¹b. (1)¹ Members enrolled in the retirement system on or after 8 9 July 1, 1994 shall contribute 5% of compensation to the system. Members enrolled in the system prior to July 1, 1994 shall 10 11 contribute 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 12 13 1995, provided, however, that any member enrolled before July 1, 14 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of 15 compensation to the system effective with the payroll period for 16 17 which the beginning date is closest to July 1, 1995, and 5% of 18 compensation to the system effective with the payroll period for 19 which the beginning date is closest to July 1, 1996.

¹(2)¹ Members enrolled in the retirement system on or after July 1, 2007 ¹who are:

employees of the State, other than employees of the Judicial Branch;

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employees of an independent State authority, board, commission, corporation, agency or organization;

employees of a local school district, regional school district, county vocational school district, county special services school district, jointure commission, educational services commission, State-operated school district, charter school, county college, any officer, board, or commission under the authority of the Commissioner of Education or of the State Board of Education, and any other public entity which is established pursuant to authority provided by Title 18A of the New Jersey Statutes; or

employees of a State public institution of higher education, other than employees of the University of Medicine and Dentistry of New Jersey¹

shall contribute 5.5% of compensation to the system [. Members], and all such members described above enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007.

¹Members enrolled in the retirement system on or after July 1, 2008, other than those described in the paragraph above, shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2008, other than those described in the paragraph above, shall contribute 5.5% of compensation to the

system effective with the payroll period that begins immediately after July 1, 2008.

c. ¹ The retirement system shall certify to each State department or subdivision thereof, and to each branch of the State service not included in a State department, and to every other employer, the proportion of each member's compensation to be deducted and to facilitate the making of deductions the retirement system may modify the deduction required by a member by such an amount as shall not exceed 1/10 of 1% of the compensation upon the basis of which the deduction is to be made.

If payment in full, representing the monthly or biweekly transmittal and report of salary deductions, is not made within 15 days of the due date established by the retirement system, interest at the rate of 6% per annum shall commence to run against the total transmittal of salary deductions for the period on the first day after such fifteenth day.

¹d. ¹ Every employee to whom this act applies shall be deemed to consent and agree to any deduction from his compensation required by this act and to all other provisions of this act. Notwithstanding any other law, rule or regulation affecting the salary, pay, compensation, other perquisites, or tenure of a person to whom this act applies, or shall apply, and notwithstanding that the minimum salary, pay, or compensation or other perquisites provided by law for him shall be reduced thereby, payment, less such deductions, shall be a full and complete discharge and acquittance of all claims and demands for service rendered by him during the period covered by such payment.

(cf: P.L.1994, c.62, s.9)

- 3. Section 2 of P.L.1972, c.167 (C.43:15A-136) is amended to read as follows:
- 2. Notwithstanding the provisions of P.L.1954, c. 84, s. 25 (C. 43:15A-25), (a) a separate account shall be established in the annuity savings fund for each member of the Legislature and all contributions based on legislative salaries shall be credited to this account as distinguished from any other account that the legislator may have as a result of other public service covered by the retirement system; and (b) the member of the Legislature shall contribute at a rate equal to 5% of his legislative salary, which contribution shall be deducted from his salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the member's legislative salary beginning July 1, 2007.

A member of the Legislature who is enrolled on the basis of other public service before, during, or after his service as a member of the Legislature shall contribute for such other service at the rate of contribution required of other members as provided by section 2 25.

3 (cf: P.L.1972, c.167, s.2)

- 4. Section 3 of P.L.1972, c.167 (C.43:15A-137) is amended to read as follows:
- 3. Notwithstanding any other law regarding the purchase of service credit in the retirement system, a member of the Legislature may purchase credit for all previous legislative service by paying into the annuity savings fund 5%, and 5.5% after July 1, 2007, of the salaries he received in such prior periods, in which event he shall agree to make such purchase within 1 year after the effective date of this supplementary act or during the first year of membership as a member of the Legislature; if the request for the purchase is received beyond the 1-year period, interest shall be added to the amount of the arrearage obligation at the regular interest rate. The purchase of such credit may be by lump sum or in regular installments over a maximum period of 10 years.

In the case of any member of the Legislature coming under the provisions of this section, full pension credit for the period of service for which arrears are being paid by the member shall be given upon the payment of at least 1/2 of the total arrearage obligation and the completion of 1 year of membership and the making of such arrears payments, except that in the case of retirement pursuant to P.L.1954, c. 84, sections 38, 41(b), 48 and 61 and to the provisions of this supplementary act, the total membership credit for such service shall be in direct proportion as the amount paid bears to the total amount of the arrearage obligation of the member.

The contributions of all members of the Legislature related to their legislative service shall be adjusted for all years prior to the effective date of this supplementary act to determine either an overpayment or shortage in the separate account, requiring the payment of contributions at the percentage of salary provided for in this section. Overpayments shall be refunded and shortages shall be established as arrearage obligations to be satisfied in the same manner as any other arrearage obligation established pursuant to this section.

No member shall receive credit for any legislative service for which he has not contributed as required by this section.

(cf: P.L.1972, c.167, s.3)

- 5. Section 3 of P.L.2001, c.259 (C.43:15A-144) is amended to read as follows:
- 3. a. Notwithstanding the provisions of section 25 of P.L.1954, c.84 (C.43:15A-25) to the contrary, a separate account shall be established in the annuity savings fund for each workers compensation judge and all contributions based on the judge's

salary shall be credited to this account. This account shall be separate from any other account that the member may have as a result of other public service covered by the retirement system.

- b. A workers compensation judge shall contribute at a rate equal to 5% of the judge's salary, which contribution shall be deducted from the salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the judge's salary effective with the payroll period for which the beginning date is closest to July 1, 2007.
- c. A workers compensation judge who is enrolled on the basis of other public service before, during, or after service as a judge of compensation shall contribute for such other service at the rate of contribution required of other members as provided by section 25. (cf. P.L.2001, c.259, s.3)

- 6. Section 3 of P.L.2007, c.92 (C.43:15C-3) is amended to read as follows:
- 3. a. The employer shall reduce the compensation of each participant in the Defined Contribution Retirement Program and pay over to the plan provider for the benefit of the participant an employee contribution for the retirement benefit contract or contracts equal to [5%] 5.5% of the participant's base salary. At the option and request of a participant, the employer shall reduce the compensation of the participant for additional contributions as permitted by the federal Internal Revenue Code. The intervals for reductions and payments shall be determined by the Division of Pensions and Benefits.

All participant contributions shall be made in accordance with section 414(h) of the federal Internal Revenue Code (26 U.S.C. s.414(h)).

- b. The employer shall make payment of the employer contributions to the program at a rate equal to 3% of the employee's base salary, which moneys shall be paid to the designated provider for the benefit of each participant. Additionally, employers shall pay their share of the administrative costs of the program. The intervals for all payments and the allocation of administrative costs shall be determined by the Division of Pensions and Benefits including due dates and penalties for non compliance.
- c. No employer contributions shall be vested in a participant until after the participant commences the second year of employment unless the participant, at the time of initial employment, either (1) participates in a program substantially similar to the retirement program, or (2) is a member of another State-administered pension fund or retirement system.
- 47 (cf: P.L.2007, c.92, s.3)

7. N.J.S.18A:66-37 is amended to read as follows:

18A:66-37. Should a member resign after having established 25 years of creditable service before reaching age 60, [he] the member may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof [he] the member desires to be retired. [He] The member shall receive, in lieu of the payment provided in N.J.S.18A:66-34, an annuity which is the actuarial equivalent of [his] the member's accumulated deductions and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of [his] the member's final compensation for each year of service credited as class A service and 1/55 of [his] the member's final compensation for each year of service credited as class B service, calculated in accordance with N.J.S.18A:66-44, reduced:

(a) by 1/4 of 1% for each month that the member lacks of being age 55; or

(b) for a person who becomes a member of the retirement system on or after July 1, 2007, by 1/4 of 1% for each month that the member lacks of being age 55 and by 1/12 of 1% for each month that the member lacks of being age 60 but over age 55; provided, however, that upon the receipt of proper proofs of the death of such a member there shall be paid to [his] the member's beneficiary an amount equal to 3/16 of the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service or in the year of the member's highest contractual salary, whichever is higher.

Subparagraph (b) of this section shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to N.J.S.18A:66-15.1, but shall apply to a former member of the retirement system who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.

(cf: P.L.2001, c.133, s.5)

43 8. Section 41 of P.L.1954, c.84 (C.43:15A-41) is amended to 44 read as follows:

41. a. A member who withdraws from service or ceases to be an employee for any cause other than death or retirement shall, upon the filing of an application therefor, receive all of his accumulated

deductions standing to the credit of his individual account in the annuity savings fund, plus regular interest, less any outstanding loan, except that for any period after June 30, 1944, the interest payable shall be such proportion of the interest determined at the regular rate of 2% per annum bears to the regular rate of interest, and except that no interest shall be payable in the case of a member who has less than three years of membership credit for which he has made contributions. He shall cease to be a member two years from the date he discontinued service as an eligible employee, or, if prior thereto, upon payment to him of his accumulated deductions. If any such person or member shall die before withdrawing or before endorsing the check constituting the return of his accumulated deductions, such deductions shall be paid to the member's beneficiary. No member shall be entitled to withdraw the amounts contributed by his employer covering his military leave unless he shall have returned to the payroll and contributed to the retirement system for a period of 90 days.

b. Should a member resign after having established 25 years of creditable service before reaching age 60, he may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof he desires to be retired. He shall receive, in lieu of the payment provided in subsection a. of this section, an annuity which is the actuarial equivalent of his accumulated deductions together with regular interest, and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of his final compensation for each year of service credited as Class A service and 1/55 of his final compensation for each year of service credited as Class B service, calculated in accordance with section 48 (C. 43:15A-48) of this act, reduced:

(a) by 1/4 of 1% for each month that the member lacks of being age 55; or

(b) for a person who becomes a member of the retirement system on or after July 1, 2007, by 1/4 of 1% for each month that the member lacks of being age 55 and by 1/12 of 1% for each month that the member lacks of being age 60 but over age 55; provided, however, that upon the receipt of proper proofs of the death of such a member there shall be paid to his beneficiary an amount equal to three-sixteenths of the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service.

Paragraph (b) of this subsection shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to section 14 of P.L.1954, c.84 (C.43:15A-14), but shall apply to a former member of the retirement system who has been granted a retirement allowance and

- 1 is reenrolled in the retirement system on or after July 1, 2007 2 pursuant to section 27 of P.L.1966, c.217 (C.43:15A-57.2) after 3 becoming employed again in a position that makes the person
- eligible to be a member of the retirement system. 4
 - The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.
 - c. Upon the receipt of proper proofs of the death of a member in service on account of which no accidental death benefit is payable under section 49 there shall be paid to such member's beneficiary:
- (1) The member's accumulated deductions at the time of death 12 13 together with regular interest; and
 - (2) An amount equal to one and one-half times the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service.
- 18 (cf: P.L.2001, c.133, s.12)

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- 9. N.J.S.18A:66-2 is amended to read as follows:
- 21 18A:66-2. As used in this article:
 - a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or in behalf of the member, including interest credited to January 1, 1956, standing to the credit of the member's individual account in the annuity savings fund.
 - b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this article.
 - "Beneficiary" means any person receiving a retirement allowance or other benefit as provided in this article.
 - d. (1) "Compensation" means the contractual salary, for services as a teacher as defined in this article, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular school day or the regular school year.
- 39 (2) In the case of a person who becomes a member of the retirement system on or after July 1, 2007, "compensation" means 40 the amount of the contractual salary equivalent to the annual 42 maximum wage contribution base for Social Security, pursuant to 43 the federal Insurance Contributions Act, for services as a teacher as 44 defined in this article, which is in accordance with established 45 salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments 46 47 which are granted primarily in anticipation of the member's 48 retirement or additional remuneration for performing temporary or

- 1 <u>extracurricular duties beyond the regular school day or the regular</u>
- 2 <u>school year. This paragraph shall not apply to a person who at the</u>
- 3 <u>time of enrollment in the retirement system on or after July 1, 2007</u>
- 4 <u>transfers service credit from another State-administered retirement</u>
- 5 system pursuant to N.J.S.18A:66-15.1, but shall apply to a former
- 6 member of the retirement system who has been granted a retirement
- 7 <u>allowance and is reenrolled in the retirement system on or after July</u>
- 8 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming employed
- 9 <u>again in a position that makes the person eligible to be a member of</u>
- 10 <u>the retirement system.</u>

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- e. "Employer" means the State, the board of education or any educational institution or agency of or within the State by which a teacher is paid.
 - f. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
- g. "Fiscal year" means any year commencing with July 1, and ending with June 30, next following.
 - h. "Pension" means payments for life derived from appropriations made by the State or employers to the Teachers' Pension and Annuity Fund.
 - i. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this article, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
 - j. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted to a member from the Teachers' Pension and Annuity Fund, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- 37 k. "Present-entrant" means any member of the Teachers' 38 Pension and Annuity Fund who had established status as a "present-39 entrant member" of said fund prior to January 1, 1956.
- 1. "Rate of contribution initially certified" means the rate of contribution certified by the retirement system in accordance with N.J.S.18A:66-29.
- m. "Regular interest" shall mean interest as determined by the State Treasurer, after consultation with the Directors of the Divisions of Investment and Pensions, the board of trustees and the actuary. It shall bear a reasonable relationship to the percentage rate of earnings on investments based on the market value of assets but shall not exceed the assumed percentage rate of increase applied

to salaries plus 3%, provided however that the board of trustees shall not set the average percentage rate of increase applied to salaries below 6%.

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- n. "Retirement allowance" means the pension plus the annuity.
- o. "School service" means any service as a "teacher" as defined in this section.
- 7 p. "Teacher" means any regular teacher, special teacher, 8 helping teacher, teacher clerk, principal, vice-principal, supervisor, 9 supervising principal, director, superintendent, city superintendent, 10 city superintendent, county superintendent, 11 Commissioner or Assistant Commissioner of Education, members 12 of the State Department of Education who are certificated, 13 unclassified professional staff and other members of the teaching or 14 professional staff of any class, public school, high school, normal 15 school, model school, training school, vocational school, truant 16 reformatory school, or parental school, and of any and all classes or 17 schools within the State conducted under the order and 18 superintendence, and wholly or partly at the expense of the State 19 Board of Education, of a duly elected or appointed board of 20 education, board of school directors, or board of trustees of the 21 State or of any school district or normal school district thereof, and 22 any persons under contract or engagement to perform one or more 23 of these functions. It shall also mean any person who serves, while 24 on an approved leave of absence from regular duties as a teacher, as 25 an officer of a local, county or State labor organization which 26 represents, or is affiliated with an organization which represents, 27 teachers as defined in this subsection. No person shall be deemed a 28 teacher within the meaning of this article who is a substitute 29 teacher. In all cases of doubt the board of trustees shall determine 30 whether any person is a teacher as defined in this article.
 - q. "Teachers' Pension and Annuity Fund," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this article, including the several funds placed under said system. By that name all its business shall be transacted, its funds invested, warrants for money drawn, and payments made and all of its cash and securities and other property held.
 - r. "Veteran" means any honorably discharged officer, soldier, sailor, airman, marine or nurse who served in any Army, Air Force or Navy of the Allies of the United States in World War I between July 14, 1914, and November 11, 1918, or who served in any Army, Air Force or Navy of the Allies of the United States in World War II, between September 1, 1939, and September 2, 1945, and who was inducted into such service through voluntary enlistment, and was a citizen of the United States at the time of such enlistment, and who did not, during or by reason of such service, renounce or lose United States citizenship, and any officer, soldier, sailor, marine,

- airman, nurse or army field clerk who has served in the active military or naval service of the United States and has or shall be discharged or released therefrom under conditions other than dishonorable, in any of the following wars, uprisings, insurrections, expeditions or emergencies, and who has presented to the retirement system evidence of such record of service in form and content satisfactory to said retirement system:
 - (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;

- (2) The Spanish-American War between April 20, 1898, and April 11, 1899;
- (3) The Philippine insurrections and expeditions during the periods recognized by the War Department of the United States as of active hostility from February 4, 1899, to the end of 1913;
- 16 (4) The Peking relief expedition between June 20, 1900, and 17 May 27, 1902;
- 18 (5) The army of Cuban occupation between July 18, 1898, and 19 May 20, 1902;
- 20 (6) The army of Cuban pacification between October 6, 1906, 21 and April 1, 1909;
- (7) The Mexican punitive expedition between March 14, 1916,
 and February 7, 1917;
 - (8) The Mexican border patrol, having actually participated in engagements against Mexicans between April 12, 1911, and June 16, 1919;
 - (9) World War I, between April 6, 1917, and November 11, 1918;
 - (10) World War II, between September 16, 1940, and December 31, 1946, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;
 - (11) Korean conflict on or after June 23, 1950, and on or prior to January 31, 1955, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided that any person receiving an actual service-incurred

injury or disability shall be classed as a veteran, whether or not that 2 person has completed the 90-day service as herein provided; and provided further that any member classed as a veteran pursuant to 4 this subsection prior to August 1, 1966, shall continue to be classed as a veteran, whether or not that person completed the 90-day service between said dates as herein provided;

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- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict, on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of

termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of the operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is latest; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;
 - (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998, and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
 - (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

- s. "Child" means a deceased member's unmarried child either (a) under the age of 18 or (b) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- t. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- u. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.

- 1 (2) Subject to the provisions of paragraph (3) of this subsection, 2 "widow," for employees of public employers other than the State, 3 means the woman to whom a member was married at least five 4 years before the date of his death and to whom he continued to be 5 married until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period 6 7 immediately preceding the member's death or the accident which 8 was the direct cause of the member's death. The dependency of 9 such a widow shall be considered terminated by the marriage of the 10 widow subsequent to the member's death. In the event of the 11 payment of an accidental death benefit, the five-year qualification 12 shall be waived.
 - (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
 - v. "Parent" means the parent of a member who was receiving at least one-half of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
 - w. "Medical board" means the board of physicians provided for in N.J.S.18A:66-56.
 - x. (1) "Spouse," for employees of the State, means the husband or wife, or domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), of a member.
 - (2) Subject to the provisions of paragraph (1) of this subsection, "spouse," for employees of public employers other than the State, means the husband or wife of a member.
 - (3) A public employer other than the State may adopt a resolution providing that the term "spouse" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- 35 (cf: P.L.2005, c.64, s.2)

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- 37 10. Section 6 of P.L.1954, c.84 (C.43:15A-6) is amended to read 38 as follows:
 - 6. As used in this act:
 - a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or on behalf of the member, standing to the credit of the member's individual account in the annuity savings fund.
 - b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this act.
- c. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this act, computed on the

basis of such mortality tables recommended by the actuary as the
board of trustees adopts, with regular interest.

- d. "Beneficiary" means any person receiving a retirement allowance or other benefit as provided in this act.
- e. "Child" means a deceased member's unmarried child either (1) under the age of 18 or (2) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- f. "Parent" shall mean the parent of a member who was receiving at least 1/2 of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
- g. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- h. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the

- member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
 - i. "Fiscal year" means any year commencing with July 1 and ending with June 30 next following.

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- j. "Medical board" shall mean the board of physicians provided for in section 17 (C.43:15A-17).
- k. "Pension" means payments for life derived from appropriations made by the employer as provided in this act.
- l. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted under the provisions of this act, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- m. "Public Employees' Retirement System of New Jersey," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this act including the several funds placed under said system. By that name all of its business shall be transacted, its funds invested, warrants for money drawn, and payments made and all of its cash and securities and other property held.
- n. "Regular interest" shall mean interest as determined by the State Treasurer, after consultation with the Directors of the Divisions of Investment and Pensions, the board of trustees and the actuary. It shall bear a reasonable relationship to the percentage rate of earnings on investments based on the market value of the assets but shall not exceed the assumed percentage rate of increase applied to salaries plus 3%, provided however that the board of trustees shall not set the average percentage rate of increase applied to salaries below 6%.
 - o. "Retirement allowance" means the pension plus the annuity.
- 35 "Veteran" means any honorably discharged officer, soldier, 36 sailor, airman, marine or nurse who served in any Army, Air Force 37 or Navy of the Allies of the United States in World War I, between 38 July 14, 1914, and November 11, 1918, or who served in any Army, 39 Air Force or Navy of the Allies of the United States in World War 40 II, between September 1, 1939, and September 2, 1945, and who 41 was inducted into such service through voluntary enlistment, and 42 was a citizen of the United States at the time of such enlistment, and 43 who did not, during or by reason of such service, renounce or lose 44 United States citizenship, and any officer, soldier, sailor, marine, 45 airman, nurse or army field clerk, who has served in the active 46 military or naval service of the United States and has or shall be 47 discharged or released therefrom under conditions other than 48 dishonorable, in any of the following wars, uprisings, insurrections,

expeditions, or emergencies, and who has presented to the retirement system evidence of such record of service in form and content satisfactory to said retirement system:

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- (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;
- (2) The Spanish-American War between April 20, 1898, and April 11, 1899;
- (3) The Philippine insurrections and expeditions during the periods recognized by the War Department of the United States as of active hostility from February 4, 1899, to the end of 1913;
- 12 (4) The Peking relief expedition between June 20, 1900, and 13 May 27, 1902;
- 14 (5) The army of Cuban occupation between July 18, 1898, and 15 May 20, 1902;
- (6) The army of Cuban pacification between October 6, 1906,and April 1, 1909;
- 18 (7) The Mexican punitive expedition between March 14, 1916, 19 and February 7, 1917;
 - (8) The Mexican border patrol, having actually participated in engagements against Mexicans between April 12, 1911, and June 16, 1919;
 - (9) World War I, between April 6, 1917, and November 11, 1918;
 - (10) World War II, between September 16, 1940, and December 31, 1946, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies any part of which 90 days was served between said dates; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90-day service as herein provided;
- 36 (11) Korean conflict on or after June 23, 1950, and on or prior to 37 January 31, 1955, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a 38 39 course of education or training under the Army Specialized 40 Training Program or the Navy College Training Program which 41 course was a continuation of a civilian course and was pursued to 42 completion, or (2) as a cadet or midshipman at one of the service 43 academies, any part of which 90 days was served between said 44 dates; provided, that any person receiving an actual service-incurred 45 injury or disability shall be classed as a veteran whether or not that 46 person has completed the 90-day service as herein provided; and 47 provided further, that any member classed as a veteran pursuant to 48 this paragraph prior to August 1, 1966, shall continue to be classed

as a veteran whether or not that person completed the 90-day service between said dates as herein provided;

- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90 days' service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a

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veteran whether or not that person has completed the 14 days' service as herein provided;

(16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

(17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

(18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is the latest; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

(19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a

period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;

- (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998 and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
- (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

q. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least 1/2 of her support from the member in the 12-month period

immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.

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- 7 (2) Subject to the provisions of paragraph (3) of this subsection, 8 "widow," for employees of public employers other than the State, 9 means the woman to whom a member was married at least five 10 years before the date of his death and to whom he continued to be 11 married until the date of his death and who was receiving at least 12 1/2 of her support from the member in the 12-month period 13 immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of 14 15 such a widow shall be considered terminated by the marriage of the 16 widow subsequent to the member's death. In the event of the 17 payment of an accidental death benefit, the five-year qualification 18 shall be waived.
 - (3) A public employer other than the State may adopt a resolution providing that the term "widow" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
 - r. (1) "Compensation" means the base or contractual salary, for services as an employee, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular workday or the regular work year.
- 31 (2) In the case of a person who becomes a member of the 32 retirement system on or after July 1, 2007, "compensation" means 33 the amount of base or contractual salary equivalent to the annual 34 maximum wage contribution base for Social Security, pursuant to 35 the federal Insurance Contributions Act, for services as an 36 employee, which is in accordance with established salary policies of 37 the member's employer for all employees in the same position but 38 shall not include individual salary adjustments which are granted 39 primarily in anticipation of the member's retirement or additional 40 remuneration for performing temporary or extracurricular duties 41 beyond the regular workday or the regular work year. This 42 paragraph shall not apply to a person who at the time of enrollment 43 in the retirement system on or after July 1, 2007 transfers service 44 credit from another State-administered retirement system pursuant 45 to section 14 of P.L.1954, c.84 (C.43:15A-14), but shall apply to a 46 former member of the retirement system who has been granted a 47 retirement allowance and is reenrolled in the retirement system on 48 or after July 1, 2007 pursuant to section 27 of P.L.1966, c.217

1 (C.43:15A-57.2) after becoming employed again in a position that 2 makes the person eligible to be a member of the retirement system.

In cases where salary includes maintenance, the retirement system shall fix the value of that part of the salary not paid in money which shall be considered under this act.

6 (cf: P.L.2005, c.64, s.3)

- 11. Section 1 of P.L.2007, c.92 (C.43:15C-1) is amended to read as follows:
- 1. There is hereby established in the Department of the Treasury a Defined Contribution Retirement Program. The program design shall be one that is permitted for governmental plans under the federal Internal Revenue Code as determined by the State Treasurer. The retirement program is deemed to be a pension fund or retirement system for purposes of P.L.1968, c.23 (C.43:3C-1 et seq.).

The State Treasurer may adopt, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), rules and regulations necessary to implement the provisions of sections 1 through 15 of P.L.2007, c.92 (C.43:15C-1 et seq.), except that notwithstanding the provisions of P.L.1968, c.410 to the contrary, the State Treasurer may adopt, immediately upon filing with the Office of Administrative Law, such rules and regulations as the State Treasurer deems necessary to implement the provisions of sections 1 through 15 of P.L.2007, c.92 (C.43:15C-1 et seq.), which shall be effective for a period not to exceed 12 months and shall thereafter be adopted or re-adopted by the State Treasurer in accordance with the provisions of P.L.1968, c.410.1

For the purposes of the Defined Contribution Retirement Retirement Program:

"Base salary" means a participant's regular base salary; except that for a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), it shall mean the excess over the maximum compensation as specified in that paragraph. It shall exclude overtime or other forms of extra compensation, including but not limited to, longevity lump sum payments, lump sum terminal sick leave or vacation pay, the value of maintenance, individual pay adjustments made within or at the conclusion of the participant's final year of service, retroactive salary adjustments or other pay adjustments made in the participant's final year of service unless the adjustment was made as a result of a general pay adjustment for all personnel of the public office or agency in which the participant is employed, or any unscheduled individual adjustment made in the final year to place the participant at the maximum salary level within salary range.

"Employer" means the State or a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or a subdivision, that pays the base salary of a participant for 1 services rendered by the participant.

2 "Retirement program" means the Defined Contribution 3 Retirement Program established by this section.

4 (cf: P.L.2007, c.92, s.1)

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- 6 12. Section 2 of P.L.2007, c.92 (C.43:15C-2) is amended to read as follows:
 - 2. a. The following persons shall be eligible and shall participate in the Defined Contribution Retirement Program.
 - (1) A person who commences service on or after the effective date of this section of P.L.2007, c.92 (C.43:15C-1 et al.) in an elective public office of this State or of a political subdivision thereof, except that it shall not include a person who holds elective public office on the effective date of this section and is enrolled in the Public Employees' Retirement System while that person continues to hold that elective public office without a break in service. Service in the Legislature shall be considered a single elective public office.
 - (2) A person who commences service on or after the effective date of this section in an employment, office or position of the State or of a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or of a subdivision, pursuant to an appointment by the Governor that requires the advice and consent of the Senate, or pursuant to an appointment by the Governor to serve at the pleasure of the Governor only during his or her term of office. This paragraph shall not be deemed to include a person otherwise eligible for membership in the State Police Retirement System or the Judicial Retirement System.
 - (3) A person who commences service on or after the effective date of this section in an employment, office or position in a political subdivision of the State, or an agency, board, commission, authority or instrumentality of a subdivision, pursuant to an appointment by an elected public official or elected governing body, that requires the specific consent or approval of the elected governing body of the political subdivision that is substantially similar in nature to the advice and consent of the Senate for appointments by the Governor of the State as that similarity is determined by the elected governing body and set forth in an adopted ordinance or resolution, pursuant to guidelines or policy that shall be established by the Local Finance Board in the Department of Community Affairs or the Department of Education, as appropriate to the elected governing body. This paragraph shall not be deemed to include a person otherwise eligible for membership in the Teachers' Pension and Annuity Fund or the Police and Firemen's Retirement System, or a person who is employed or appointed in the regular or normal course of employment or appointment procedures and consented to or

approved in a general or routine manner appropriate for and followed by the political subdivision, or the agency, board, commission, authority or instrumentality of a subdivision, or a person who holds a professional license or certificate to perform and is performing as a certified health officer, tax assessor, tax collector, municipal planner, chief financial officer, registered municipal clerk, construction code official, licensed uniform subcode inspector, qualified purchasing agent, or certified public works manager.

- (4) A person who is granted a pension or retirement allowance under any pension fund or retirement system established under the laws of this State and elects to participate pursuant to section 1 of P.L.1977, c.171 (C.43:3C-3) upon being elected to public office.
- (5) A member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System for whom compensation is defined as the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for contribution and benefit purposes in either of those retirement systems, for whom participation in this retirement program shall be with regard to any excess over the maximum compensation only.
- b. No person shall be eligible to participate in the retirement program with respect to any public employment, office, or position if:
- (1) the base salary for that employment, office, or position is less than \$1,500 per year;
- (2) the person is, on the basis of service in that employment, office, or position, eligible for membership or enrolled as a member of another State or locally-administered pension fund or retirement system established under the laws of this State including the Alternate Benefit Program, except as otherwise specifically provided in subsection a. of this section;
- (3) the person is receiving a benefit as a retiree from any other State or locally-administered pension fund or retirement system established under the laws of this State, except as provided in section 1 of P.L.1977, c.171 (C.43:3C-3); or
- (4) the person is an officer or employee of a political subdivision of this State or of a board of education, or of any agency, authority or instrumentality thereof, who is ineligible for membership in the Public Employees' Retirement System pursuant to section 20 of P.L.2007, c.92 (C.43:15A-7.2).
- c. A person eligible and required to participate in the retirement program whose base salary is less than \$5,000 may at the commencement of service in an employment, office or position ¹[, or a person eligible and required to participate in the retirement program pursuant to paragraph (5) of subsection a. of this section may,]¹ irrevocably elect to waive participation with regard to that employment, office, or position by filing, at the time and on a form

required by the division, a written waiver with the Division of Pensions and Benefits that waives all rights and benefits that would otherwise be provided by the retirement program.

¹A person eligible and required to participate in the retirement program pursuant to paragraph (5) of subsection a. of this section may elect to waive participation with regard to that employment, office, or position by filing, when first eligible, on a form required by the division, a written waiver with the Division of Pensions and Benefits that waives all rights and benefits that would otherwise be provided by the retirement program. Such a person may thereafter elect to participate in the retirement program by filing, on a form required by the division, a written election to participate in the retirement program and participation in the retirement program pursuant to such election shall commence on the January 1 next following the filing of the election to participate.¹

- d. Service credited to a participant in the Defined Contribution Retirement Program shall not be recognized as service credit to determine eligibility for employer-paid health care benefits in retirement pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.), N.J.S.40A:10-16 et seq., P.L.1979, c.391 (C.18A:16-12 et seq.) or any other law, rule or regulation.
- 22 (cf: P.L.2007, c.92, s.2)

- 13. Section 7 of P.L.2007, c.92 (C.43:15C-7) is amended to read as follows:
- 7. The benefit under a group contract or contracts providing life insurance shall be in an amount equal to one and one-half the base annual salary of the participant in the retirement program, except that in the event of death after retirement, the amount payable shall equal 3/16 of the participant's base annual salary. "Base annual salary" means the base salary upon which contributions by the participant and the participant's employer to the retirement program were based during the last year of creditable service.

For purposes of this section, a participant shall be deemed to be in service and covered by the group life insurance for a period of official leave of absence without pay when such leave is due to illness or any reason other than illness, with such period to be determined by the Division of Pensions and Benefits, if satisfactory evidence is presented to the division of such official leave of absence. A participant shall be deemed to be on an official leave of absence only if the leave is formally approved by the employer prior to the time the leave commenced and timely notice is filed by the employer with the division. If timely notice is not filed, the employer shall be responsible for the payment of any benefits pursuant to this section if the participant was otherwise eligible for such benefits.

In the event of the death of a participant in active service in the first year of participation as a result of an accident met in the actual

performance of duty at some definite time and place, the death benefit payable pursuant to this section shall be computed at the annual rate of base salary.

No beneficiary of a retired participant shall be entitled to receive the death benefits payable in the event of death after retirement pursuant to this section unless the participant either: had at least 25 years of credited participation in the retirement program established pursuant to this act; or had at least 10 years of such credited participation and had attained 60 years of age and was an actively employed participant in the program in the year immediately preceding initial receipt of a retirement annuity. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), service credit in the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System shall also be considered in determining if the participant met the requirements of this paragraph.

(cf: P.L.2007, c.92, s.7)

14. Section 11 of P.L.2007, c.92 (C.43:15C-11) is amended to read as follows:

11. Any person entitled to become a participant in the retirement program shall not be allowed any of the group life insurance and disability benefits if on the date of filing an application for participation the person is 60 or more years of age, or if the person makes application for participation in the retirement program beyond the year after first becoming eligible for participation, regardless of age, unless the participant furnishes satisfactory evidence of insurability and on the effective date of participation is actively at work and performing all regular duties at the customary place of employment.

The effective date of coverage for such benefits shall be the first day of the month which immediately follows the date when such evidence is determined to be satisfactory.

Such evidence of insurability shall not be required of any person enrolling in the retirement program upon transfer from another State-administered retirement system, if such retirement system provided a benefit of a similar nature and the transferring person was covered by such a benefit at the time of the transfer. If such transferring person was not covered by such a benefit at the time of the transfer, the person may be allowed the benefit under the group policy or policies; however, any such person shall furnish satisfactory evidence of insurability if he had been unable or failed to give such evidence as a member of the retirement system from which the person transferred. Such evidence of insurability shall not be required of any member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System who is enrolling in the retirement program pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), if such

retirement system provides a benefit of a similar nature and the participant is covered by such a benefit at the time of enrollment in the program.

Any person who must furnish satisfactory evidence of insurability under the provisions of this section and who ceases to be a participant in the retirement program without such evidence having been given shall continue to be subject to the same requirement if the person subsequently becomes a participant.

(cf: P.L.2007, c.92, s.11)

- 15. Section 13 of P.L.2007, c.92 (C.43:15C-13) is amended to read as follows:
- 13. The disability benefit coverage provided under a group policy or policies shall provide a monthly income if the participant becomes totally disabled from occupational or nonoccupational causes for a period of at least six consecutive months following the effective date of the coverage. The monthly disability benefit may be paid by the insurance company so long as the participant remains disabled up to the seventieth birthday, provided the disability commenced prior to the sixtieth birthday. The benefit shall terminate when the participant is no longer considered totally disabled or begins to receive retirement benefits.

The participant shall be considered totally disabled if the participant is unable to perform each duty of the participant's occupation and is under the regular care of a physician. After the 24 months following the commencement of such disability benefit payments, the participant shall be unable to engage in any gainful occupation for which the participant is reasonably fitted by education, training or experience. Total disability shall not be considered to exist if the participant is gainfully employed. Following an agreement with the insurance company and the policyholder, the participant may continue to receive disability benefits for a limited time while performing some type of work. During the period of rehabilitation, the monthly benefit shall be the regular payment less 80% of the participant's earnings from such rehabilitative position.

A participant shall be deemed to be in service and covered by the disability benefit insurance provisions for a period of no more than six months while on official leave of absence without pay if satisfactory evidence is presented to the Division of Pensions and Benefits that such leave of absence without pay is due to illness and that the participant was not actively engaged in any gainful occupation during such period of leave of absence without pay.

Disability benefit insurance provisions of the group policy or policies shall not cover disability resulting from or contributed to by pregnancy, act of war, intentionally self-inflicted injury, or attempted suicide whether or not sane. For purposes of such disability benefit coverage, the participant shall not be considered

to be disabled while the participant is imprisoned or while outside the United States, its territories or possessions, or Canada.

If the participant has recovered from the disability for which the member had received benefits and again becomes totally disabled while insured, the later disability shall be regarded as a continuation of the prior one unless the participant has returned to full-time covered employment for at least six months. If the later absence is due to an unrelated cause and the participant had returned to full-time work, it shall be considered a new disability. The disability benefit insurance cannot be converted to an individual policy.

No participant shall be covered by the disability benefit provision of the group policy or policies except upon the completion of one year of full-time continuous employment in a position eligible for participation in the Defined Contribution Retirement Program. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), completion of one year of full-time continuous employment in a position eligible for membership in the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System shall also be considered in determining if the participant met the requirements of this paragraph.

(cf: P.L.2007, c.92, s.13)

16. Section 14 of P.L.2007, c.92 (C.43:15C-14) is amended to read as follows:

14. The disability benefit provided under a group policy or policies shall be in an amount equal to 60% of the participant's base monthly salary, reduced by periodic benefits to which the participant may be entitled during the period of total disability. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), base monthly salary for this disability benefit shall mean the base or contractual salary upon which contributions were made to the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System and to this program.

The periodic benefit by which the monthly disability benefit may be reduced shall include salary or wages, retirement benefits or benefits from any source for which the State or other public employer has paid any part of the cost or made payroll deductions, Social Security disability or other benefits, including dependents' benefits, and benefits paid by Social Security at the option of the participant before the age of 65, but not including any increase in Social Security benefits enacted after the disability benefit under such group policy or policies have commenced, and any other periodic benefits provided by law except on account of military service.

When a participant begins to receive a disability benefit under such group policy or policies, the insurance company shall pay an

amount equal to the employee contribution which would have been required of the participant and deducted from the participant's base salary in order to meet the participant's obligation for the program. Such amount shall be paid by the insurance company without reduction by any other periodic benefit which the participant is eligible to receive. Such amount shall be paid by the insurance company to the insurer or insurers for the participant's retirement annuity.

Premiums for such disability coverage shall be paid from a special fund, hereby created, called the "Defined Contribution Retirement Program Disability Premium Fund." The State Treasurer shall estimate annually the amount that will be required for premiums for such benefits for the ensuing fiscal year and shall certify such amounts that shall be applied to the total State and other employer contributions due on behalf of the participants in the retirement program from the State and other employers, depositing such amounts in the premium fund. Additionally, employers will pay their share of the administrative costs of the program. The intervals for all payments and the allocation of administrative costs shall be determined by the Division of Pensions and Benefits including due dates and penalties for non compliance.

(cf: P.L.2007, c.92, s.14)

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17. N.J.S.18A:66-15 is amended to read as follows:

18A:66-15. In computing for retirement or for purposes of resignation or separation from service under sections 18A:66-36 and 18A:66-37 the total service of a member about to be retired, the retirement system shall credit him with all service rendered by him since he last became a member and in addition, with all the service to which he is entitled and with no other service. Except as otherwise provided in this article, such service credit shall be final and conclusive for retirement purposes, or for purposes of resignation under sections 18A:66-36 and 18A:66-37, unless the member shall discontinue his service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection d. of N.J.S.18A:66-2, the retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the member was a participant of the Defined Contribution Retirement Program, pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), and making contributions to that program.

For the purpose of computing service for retirement purposes, the board of trustees shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and part of a year of service. Not more than one year shall be credited for all service in a calendar year.

(cf: N.J.S.18A:66-15)

18. Section 39 of P.L.1954, c.84 (C.43:15A-39) is amended to read as follows:

39. In computing for retirement purposes the total service of a member about to be retired, the retirement system shall credit the member with the time of all service rendered by the member since that member's last enrollment, and in addition with all the service to which the member is entitled and with no other service. Except as otherwise provided in this act, this service credit shall be final and conclusive for retirement purposes unless the member shall discontinue service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection r. of section 6 of P.L.1954, c.84 (C.43:15A-6), the retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the member was a participant of the Defined Contribution Retirement Program, pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), and making contributions to that program.

For the purpose of computing service for retirement purposes, the board shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and a part of a year of service. Not more than one year shall be credited for all service in a calendar year. A member may purchase credit for time during which the member shall have been absent on an official leave without pay. The credit shall be purchased for a period of time equal to:

- (1) three months or the duration of the leave, whichever is less; or
- (2) if the leave was due to the member's personal illness, two years or the duration of the leave, whichever is less; or
- (3) the period of leave that is specifically allowed for retirement purposes by the provisions of any law of this State.

The purchase shall be made in the same manner and be subject to the same terms and conditions provided for the purchase of previous membership service credit by section 8 of P.L.1954, c.54 (C.43:15A-8). In computing the service or in computing final compensation, no time during which a member was in employment, office, or position for which the annual salary or remuneration was fixed at less than \$500.00 in the case of service rendered prior to November 6, 1986, or less than \$1,500.00 in the case of service rendered on or after that date, shall be credited, except that in the case of a veteran member credit shall be given for service rendered prior to January 2, 1955, in an employment, office or position if the annual salary or remuneration therefor was fixed at not less than \$300.00 and such service consisted of the performance of the full duties of the employment, office or position.

47 (cf: P.L.1991, c.138, s.10)

- 1 19. Section 2 of P.L.1961, c.49 (C.52:14-17.26) is amended to 2 read as follows:
 - 2. As used in this act:

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- (a) The term "State" means the State of New Jersey.
- (b) The term "commission" means the State Health Benefits Commission, created by section 3 of this act.
- 7 (c) The term "employee" means an appointive or elective officer 8 or full-time employee of the State of New Jersey. For the purposes 9 of this act an employee of Rutgers, The State University of New 10 Jersey, shall be deemed to be an employee of the State, and an 11 employee of the New Jersey Institute of Technology shall be 12 considered to be an employee of the State during such time as the Trustees of the Institute are party to a contractual agreement with 13 14 the State Treasurer for the provision of educational services. The 15 term "employee" shall further mean, for purposes of this act, a 16 former employee of the South Jersey Port Corporation, who is 17 employed by a subsidiary corporation or other corporation, which 18 has been established by the Delaware River Port Authority pursuant 19 to subdivision (m) of Article I of the compact creating the Delaware 20 River Port Authority (R.S.32:3-2), as defined in section 3 of 21 P.L.1997, c.150 (C.34:1B-146), and who is eligible for continued 22 membership in the Public Employees' Retirement System pursuant 23 to subsection j. of section 7 of P.L.1954, c.84 (C.43:15A-7).

24 For the purposes of this act the term "employee" shall not 25 include persons employed on a short-term, seasonal, intermittent or 26 emergency basis, persons compensated on a fee basis, persons 27 having less than two months of continuous service or persons whose 28 compensation from the State is limited to reimbursement of 29 necessary expenses actually incurred in the discharge of their 30 official duties, provided, however, that the term "employee" shall 31 include persons employed on an intermittent basis to whom the 32 State has agreed to provide coverage under P.L.1961, c.49 33 (C.52:14-17.25 et seq.) in accordance with a binding collective 34 negotiations agreement. An employee paid on a 10-month basis, 35 pursuant to an annual contract, will be deemed to have satisfied the 36 two-month waiting period if the employee begins employment at 37 the beginning of the contract year. The term "employee" shall also 38 not include retired persons who are otherwise eligible for benefits 39 under this act but who, although they meet the age or disability 40 eligibility requirement of Medicare, are not covered by [the 41 complete federal program] Medicare Hospital Insurance, also 42 known as Medicare Part A, and Medicare Medical Insurance, also 43 known as Medicare Part B. A determination by the commission 44 that a person is an eligible employee within the meaning of this act 45 shall be final and shall be binding on all parties.

(d) (1) The term "dependents" means an employee's spouse, partner in a civil union couple or an employee's domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), and the

1 employee's unmarried children under the age of 23 years who live 2 with the employee in a regular parent-child relationship. "Children" 3 shall include stepchildren, legally adopted children and children 4 placed by the Division of Youth and Family Services in the 5 Department of Children and Families, provided they are reported 6 for coverage and are wholly dependent upon the employee for 7 support and maintenance. A spouse, partner in a civil union couple, 8 domestic partner or child enlisting or inducted into military service 9 shall not be considered a dependent during the military service. 10 The term "dependents" shall not include spouses, partners in a civil 11 union couple or domestic partners of retired persons who are 12 otherwise eligible for the benefits under this act but who, although they meet the age or disability eligibility requirement of Medicare, 13 14 are not covered by [the complete federal program] Medicare 15 Hospital Insurance, also known as Medicare Part A, and Medicare 16 Medical Insurance, also known as Medicare Part B.

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- (2) Notwithstanding the provisions of paragraph (1) of this subsection to the contrary and subject to the provisions of paragraph (3) of this subsection, for the purposes of an employer other than the State that is participating in the State Health Benefits Program pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34), the term "dependents" means an employee's spouse or partner in a civil union couple and the employee's unmarried children under the age of 23 years who live with the employee in a regular parent-child relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family Services in the Department of Children and Families provided they are reported for coverage and are wholly dependent upon the employee for support and maintenance. A spouse , partner in a civil union couple or child enlisting or inducted into military service shall not be considered a dependent during the military service. The term "dependents" shall not include spouses or partners in a civil union couple of retired persons who are otherwise eligible for benefits under P.L.1961, c.49 (C.52:14-17.25 et seq.) but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by [the complete federal program] Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B.
- (3) An employer other than the State that is participating in the State Health Benefits Program pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34) may adopt a resolution providing that the term "dependents" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- 45 (e) The term "carrier" means a voluntary association, 46 corporation or other organization, including a health maintenance 47 organization as defined in section 2 of the "Health Maintenance 48 Organizations Act," P.L.1973, c.337 (C.26:2J-2), which is lawfully

engaged in providing or paying for or reimbursing the cost of, personal health services, including hospitalization, medical and surgical services, under insurance policies or contracts, membership or subscription contracts, or the like, in consideration of premiums or other periodic charges payable to the carrier.

- (f) The term "hospital" means (1) an institution operated pursuant to law which is primarily engaged in providing on its own premises, for compensation from its patients, medical diagnostic and major surgical facilities for the care and treatment of sick and injured persons on an inpatient basis, and which provides such facilities under the supervision of a staff of physicians and with 24 hour a day nursing service by registered graduate nurses, or (2) an institution not meeting all of the requirements of (1) but which is accredited as a hospital by the Joint Commission on Accreditation of Hospitals. In no event shall the term "hospital" include a convalescent nursing home or any institution or part thereof which is used principally as a convalescent facility, residential center for the treatment and education of children with mental disorders, rest facility, nursing facility or facility for the aged or for the care of drug addicts or alcoholics.
- (g) The term "State managed care plan" means a health care plan under which comprehensive health care services and supplies are provided to eligible employees, retirees, and dependents: (1) through a group of doctors and other providers employed by the plan; or (2) through an individual practice association, preferred provider organization, or point of service plan under which services and supplies are furnished to plan participants through a network of doctors and other providers under contracts or agreements with the plan on a prepayment or reimbursement basis and which may provide for payment or reimbursement for services and supplies obtained outside the network. The plan may be provided on an insured basis through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under contracts with the State.
- (h) The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
- (i) The term "traditional plan" means a health care plan which provides basic benefits, extended basic benefits and major medical expense benefits as set forth in section 5 of P.L.1961, c.49 (C.52:14-17.29) by indemnifying eligible employees, retirees, and dependents for expenses for covered health care services and supplies through payments to providers or reimbursements to participants.
- (j) The term "successor plan" means a State managed care plan that shall replace the traditional plan and that shall provide benefits as set forth in subsection (B) of section 5 of P.L.1961, c.49

- 1 (C.52:14-17.29) with provisions regarding reimbursements and
- 2 payments as set forth in paragraph (1) of subsection (C) of section 5
- 3 of P.L.1961, c.49 (C.52:14-17.29).
- 4 (cf: P.L.2006, c.47, s.190)

- 6 20. Section 3 of P.L.1961, c.49 (C.52:14-17.27) is amended to read as follows:
- 8 3. There is hereby created a State Health Benefits Commission,
- 9 consisting of five members: the State Treasurer; the Commissioner
- 10 of Banking and Insurance; the Commissioner of Personnel; a State
- 11 employees' representative chosen by the Public Employees'
- 12 Committee of the AFL-CIO; and , through June 30, 2008, when
- 13 employers of employees, as defined in section 32 of
- 14 P.L., c. (C.)(pending before the Legislature as this bill),
- will no longer be eligible to participate in the State Health Benefits
- 16 <u>Program authorized by P.L.1961, c.49,</u> a representative chosen by
- 17 the New Jersey Education Association, which represents the largest
- 18 number of employees of employers other than the State
- participating in the State Health Benefits Program. Beginning July
- 20 <u>1, 2008, the fifth member of the commission shall be a local</u>
- 21 <u>employees' representative chosen by the Public Employees'</u>
- 22 <u>Committee of the AFL-CIO.</u>
- 23 The treasurer shall be chairman of the commission and the health
- benefits program authorized by P.L.1961, c.49 shall be administered
- 25 in the Treasury Department. The Director of the Division of
- 26 Pensions and Benefits shall be the secretary of the commission.
- 27 The commission shall establish a health benefits program for the
- 28 employees of the State, the cost of which shall be paid as specified
- in section 6 of P.L.1961, c.49. The commission shall establish rules
- and regulations as may be deemed reasonable and necessary for the
- 31 administration of P.L.1961, c.49.
- 32 The Attorney General shall be the legal advisor of the
- 33 commission.
- 34 The members of the commission shall serve without
- 35 compensation but shall be reimbursed for any necessary
- 36 expenditures. The public employee members shall not suffer loss of
- 37 salary or wages during service on the commission.
- 38 The commission shall publish annually a report showing the
- 39 fiscal transactions of the program for the preceding year and stating
- 40 other facts pertaining to the plan. The commission shall submit the
- 41 report to the Governor and furnish a copy to every employer for
- 42 use of the participants and the public.

(cf: P.L.2003, c.71, s.1)

read as follows:

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- 45 21. Section 4 of P.L.1961, c.49 (C.52:14-17.28) is amended to
- 47 4. <u>a.</u> The commission shall negotiate with and arrange for the purchase, on such terms as it deems to be in the best interests of the

1 State and its employees, from carriers licensed to operate in the

- 2 State or in other jurisdictions, as appropriate, contracts providing
- 3 hospital, surgical, obstetrical, [medical and major medical expense]
- 4 and other covered health care services and benefits covering
- 5 employees of the State and their dependents, and shall execute all
- documents pertaining thereto for and on behalf and in the name of

7 the State.

The b. Except for contracts entered into after June 30, 2007, the commission shall not enter into a contract under this act unless the benefits provided thereunder equal or exceed the minimum standards specified in section 5 of P.L.1961, c.49 (C.52:14-17.29) for the particular coverage which such contract provides, and unless coverage is available to all eligible employees and their dependents on the basis specified by section 7 of P.L.1961, c.49 (C.52:14-17.31), except that a State employee enrolled in the program on or after July 1, 2003 and all law enforcement officers employed by the State for whom there is a majority representative for collective negotiation purposes may not be eligible for coverage under the traditional plan as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26) pursuant to a binding collective negotiations agreement or pursuant to the application by the commission, in its sole discretion, of the terms of any collective negotiations agreement binding on the State to State employees for whom there is no majority representative for collective negotiations purposes.

c. The commission shall not enter into a contract under P.L.1961, c.49 (C.52:14-17.25 et seq.) after June 30, 2007, unless the contract includes the successor plan ¹, one or more health maintenance organization plans ¹ and a State managed care plan that shall be substantially equivalent to the NJ PLUS plan in effect on June 30, 2007, with adjustments to that plan pursuant to a binding collective negotiations agreement or pursuant to action by the commission, in its sole discretion, to apply such adjustments to State employees for whom there is no majority representative for collective negotiations purposes, and unless coverage is available to all eligible employees and their dependents on the basis specified by section 7 of P.L.1961, c.49 (C.52:14-17.31), except as provided in subsection d. of this section.

d. Eligibility for coverage under the successor plan may be limited pursuant to a binding collective negotiations agreement or pursuant to the application by the commission, in its sole discretion, of the terms of any collective negotiations agreement binding on the State to State employees for whom there is no majority representative for collective negotiations purposes. Coverage under the successor plan and under the State managed care plan required to be included in a contract entered into pursuant to subsection c. of this section shall be made available in retirement to all State employees who accrued 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems before

- 1 July 1, 2007. Coverage under the State managed care plan required
- 2 to be included in a contract entered into pursuant to subsection c. of
- 3 this section shall be made available in retirement to all State
- 4 employees who accrue 25 years of nonconcurrent service credit in
- 5 one or more State or locally-administered retirement systems on or
- 6 after July 1, 2007.
- 7 e. Actions taken by the commission before the effective date of
- 8 P.L., c. (pending before the Legislature as this bill) in
- 9 anticipation of entering into any contract pursuant to subsection c. 10 of this section are hereby deemed to have been within the authority
- 11 of the commission pursuant to P.L.1961, c.49 (C.52:14-17.25 et
- 12 seq.).
- 13 (cf: P.L.2005, c.341, s.1)

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- 22. Section 6 of P.L.1996, c.8 (C.52:14-17.28b) is amended to
- read as follows: 6. a. Notwithstanding the provisions of any other law to the contrary, the obligations of the State or an independent State

authority, board, commission, corporation, agency, or organization

- 20 to pay the premium or periodic charges for health benefits coverage provided under P.L.1961, c.49 (C.52:14-17.25 et seq.) may be
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- 22 determined by means of a binding collective negotiations 23 agreement, including any agreements in force at the time of the
- 24 adoption of P.L.1996, c.8. With respect to State employees for
- 25 whom there is no majority representative for collective negotiations
- 26 purposes, the commission may, in its sole discretion, modify the
- 27 respective payment obligations set forth in P.L.1961, c.49 for the
- 28 State and such employees in a manner consistent with the terms of
- 29 any collective negotiations agreement binding on the State. With
- 30 respect to employees of an independent State authority, board,
- 31 commission, corporation, agency, or organization for whom there is
- 32 no majority representative for collective negotiations purposes, the
- 33 employer may, in its sole discretion, modify the respective payment
- 34 obligations set forth in P.L.1961, c.49 for such employer and such
- 35 employees in a manner consistent with the terms of any collective
- 36 negotiations agreement binding on such employer. The provisions
- of this subsection shall also apply to employees deemed or 37
- 38 considered to be employees of the State pursuant to subsection (c)
- 39 of section 2 of P.L.1961, c.49 (C.52:14-17.26).
- 40 b. (1) Notwithstanding the provisions of any other law to the
- 42 nonconcurrent service credit in one or more State or locally-

contrary, for each State employee who accrues 25 years of

- 43 administered retirement systems before July 1, 1997, excepting the
- 44 employee who elects deferred retirement, the State, upon the 45
- employee's retirement, shall pay the full cost of the premium or 46 periodic charges for the health benefits provided to a retired State
- 47 employee and dependents covered under the State Health Benefits
- 48 Program, but not including survivors, and shall also reimburse the

retired employee for premium charges under Part B of Medicare covering the retired employee and the employee's spouse.

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3 Notwithstanding the provisions of any other law to the 4 contrary, and except as otherwise provided by section 8 of 5 P.L.1961, c.49 (C.52:14-17.32) as amended by P.L.2005, c.341, and 6 by subsection c. of this section, for each State employee who 7 accrues 25 years of nonconcurrent service credit in one or more 8 State or locally-administered retirement systems on or after July 1, 9 1997, excepting the employee who elects deferred retirement, the 10 State, upon the employee's retirement, shall pay the premium or 11 periodic charges for the health benefits provided to a retired State 12 employee and dependents covered under the State Health Benefits 13 Program, but not including survivors, and shall reimburse the 14 retired employee for premium charges under Part B of Medicare 15 covering the retired employee and the employee's spouse: (a) in 16 accordance with the provisions, if any, concerning health benefits 17 coverage in retirement which are in the collective negotiations 18 agreement applicable to the employee at the time of the employee's 19 accrual of 25 years of nonconcurrent service credit in one or more 20 State or locally-administered retirement systems, or (b) if the 21 employee has no majority representative for collective negotiations 22 purposes, in a manner consistent with the terms, if any, concerning 23 health benefits coverage in retirement which are in any collective 24 negotiations agreement deemed applicable by the State Health 25 Benefits Commission to that employee at the time of the employee's 26 accrual of 25 years of nonconcurrent service credit in one or more 27 State or locally-administered retirement systems. The terms for the 28 payment of premiums or periodic charges established pursuant to 29 this paragraph for the traditional plan shall apply to the successor 30 plan, and the terms for the payment of premiums or periodic 31 charges established pursuant to this paragraph for the NJ PLUS plan 32 shall apply to the State managed care plan required to be included 33 in a contract entered into pursuant to subsection c. of section 4 of 34 P.L.1961, c.49 (C.52:14-17.28).

c. (1) Effective July 1, 2007, but, with respect to employees to whom this subsection applies who are paid through the State centralized payroll, effective with the first pay period beginning after July 1, 2007, the cost of benefits provided pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.) shall be shared by employees through the withholding of a contribution in an amount as determined in accordance with paragraph (2) of this subsection.

(2) The amount of the contribution required pursuant to paragraph (1) of this subsection as to State employees and employees of an independent State authority, board, commission, corporation, agency, or organization for whom there is a majority representative for collective negotiations purposes shall be determined by means of a binding collective negotiations agreement. The amount of the contribution required pursuant to

- 1 paragraph (1) of this subsection as to State employees or employees
- 2 of an independent State authority, board, commission, corporation,
- 3 agency, or organization for whom there is no majority
- 4 representative for collective negotiations purposes shall be 1.5
- 5 percent of base salary.
- 6 (3) ¹[The] Except as provided in paragraph (5) of this
- 7 subsection, the cost of benefits provided pursuant to P.L.1961, c.49
- 8 (C.52:14-17.25 et seq.) shall be shared by retirees ¹to whom this
- 9 subsection applies through the withholding of a contribution in an
- 10 amount as determined in accordance with paragraph (4) of this
- 11 <u>subsection.</u>
- 12 <u>(4) The amount of the contribution required pursuant to</u> 13 paragraph (3) of this subsection as to State employees and
- paragraph (3) of this subsection as to State employees and employees of an independent State authority, board, commission,
- employees of an independent State authority, board, commission, corporation, agency, or organization for whom there is a majority
- representative for collective negotiations purposes who accrue 25
- 17 years of nonconcurrent service credit in one or more State or
- locally-administered retirement systems on or after July 1, 2007,
- and who retire on or after July, 1, 2007, excepting employees who
- 20 elect deferred retirement, but including those who retire on a
- 21 <u>disability pension after July 1, 2007, shall be determined by means</u>
- 22 of a binding collective negotiations agreement applicable at the
- 23 <u>time of the employee's accrual of 25 years of nonconcurrent service</u>
- 24 <u>credit in one or more State or locally-administered retirement</u>
- 25 systems. The amount of the contribution required pursuant to
- 26 paragraph (3) of this subsection as to State employees or employees
- 27 of an independent State authority, board, commission, corporation,
- 28 agency, or organization for whom there is no majority
- 29 representative for collective negotiations purposes who accrue 25
- 30 years of nonconcurrent service credit in one or more State or
- 31 <u>locally-administered retirement systems on or after July 1, 2007,</u>
- and who retire on or after July 1, 2007, excepting employees who
- 33 <u>elect deferred retirement, but including those who retire on a</u>
- 34 <u>disability pension after July 1, 2007, shall be determined in a</u>
- 35 manner consistent with the terms, if any, concerning health benefits
- 36 <u>coverage in retirement which are in any collective negotiations</u>
- 37 agreement deemed applicable by the commission to that employee
- at the time of the employee's accrual of 25 years of nonconcurrent
 service credit in one or more State or locally-administered
- 40 retirement systems, except that for employees who accrue 25 years
- 41 of nonconcurrent service credit in one or more State or locally-
- 42 <u>administered retirement systems in the period beginning July 1,</u>
- 43 2007, and ending June 30, 2011, the contribution shall be 1.5
- 44 percent of the ¹[gross maximum] monthly retirement allowance,
- 45 including any future cost-of-living adjustments, or, with respect to
- 46 retirees ¹ for whom there is no majority representative and ¹ who are
- 47 members of the alternate benefit program, an amount determined

- pursuant to a formula developed by the commission that shall be designed to result in a contribution that is comparable to the contribution that applies to retirees who are not members of the alternate benefit program.
- 5 ¹(5) The contribution required pursuant to paragraph (3) of this 6 subsection shall not take effect until the New Jersey Retirees' 7 Wellness Program is open for enrollment and thereafter the 8 contribution shall be waived for a retiree who participates in the 9 New Jersey Retirees' Wellness Program. The Division of Pensions and Benefits shall issue a report on the New Jersey Retirees' 10 Wellness Program. The report shall include, but need not be limited 11 12 to, the claims experience with regard to retirees in the program, and 13 the costs and savings realized. The report shall be issued at the end 14 of the third year after the program's implementation or by December 30, 2010, which is earlier. The report shall be submitted 15 16 to the Governor, the Legislature, and the State Treasurer.1
 - ¹[(5)] (6)¹ Any employee or retiree from whom withholding of a contribution is required pursuant to this subsection shall not be required to pay any percentage of the premiums or periodic charges for health care benefits provided under P.L.1961, c.49 (C.52:14-17.25 et seq.), other than dental benefits.
 - may be terminated only upon withdrawal from all health care benefits coverage as an employee or retiree, other than coverage for dental benefits, and the submission to the commission of written certification by the employee that the employee is covered by other health care benefits and that those benefits are in force. The commission shall not apply the written certification requirement to retirees or to employees to whom Article VI, Section VI, paragraph 6 of the New Jersey Constitution applies.

31 (cf: P.L.2005, c.341, s.2)

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- 33 23. Section 5 of P.L.1961, c.49 (C.52:14-17.29) is amended to read as follows:
- 5. (A) The contract or contracts purchased by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall provide separate coverages or policies as follows:
 - (1) Basic benefits which shall include:
 - (a) Hospital benefits, including outpatient;
- 40 (b) Surgical benefits;
 - (c) Inpatient medical benefits;
- 42 (d) Obstetrical benefits; and
- (e) Services rendered by an extended care facility or by a home health agency and for specified medical care visits by a physician during an eligible period of such services, without regard to whether the patient has been hospitalized, to the extent and subject to the conditions and limitations agreed to by the commission and the carrier or carriers.

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Basic benefits shall be substantially equivalent to those available on a group remittance basis to employees of the State and their dependents under the subscription contracts of the New Jersey "Blue Cross" and "Blue Shield" Plans. Such basic benefits shall include benefits for:

- (i) Additional days of inpatient medical service;
- (ii) Surgery elsewhere than in a hospital;
- (iii) X-ray, radioactive isotope therapy and pathology services;
- 9 (iv) Physical therapy services;

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10 (v) Radium or radon therapy services;

and the extended basic benefits shall be subject to the same conditions and limitations, applicable to such benefits, as are set forth in "Extended Outpatient Hospital Benefits Rider," Form 1500, 71(9-66), and in "Extended Benefit Rider" (as amended), Form MS 7050J(9-66) issued by the New Jersey "Blue Cross" and "Blue Shield" Plans, respectively, and as the same may be amended or superseded, subject to filing by the Commissioner of Banking and Insurance; and

(2) Major medical expense benefits which shall provide benefit payments for reasonable and necessary eligible medical expenses for hospitalization, surgery, medical treatment and other related services and supplies to the extent they are not covered by basic benefits. The commission may, by regulation, determine what types of services and supplies shall be included as "eligible medical services" under the major medical expense benefits coverage as well as those which shall be excluded from or limited under such coverage. Benefit payments for major medical expense benefits shall be equal to a percentage of the reasonable charges for eligible medical services incurred by a covered employee or an employee's covered dependent, during a calendar year as exceed a deductible for such calendar year of \$100.00 subject to the maximums hereinafter provided and to the other terms and conditions authorized by this act. The percentage shall be 80% of the first \$2,000.00 of charges for eligible medical services incurred subsequent to satisfaction of the deductible and 100% thereafter. There shall be a separate deductible for each calendar year for (a) each enrolled employee and (b) all enrolled dependents of such employee. Not more than \$1,000,000.00 shall be paid for major medical expense benefits with respect to any one person for the entire period of such person's coverage under the plan, whether continuous or interrupted except that this maximum may be reapplied to a covered person in amounts not to exceed \$2,000.00 a year. Maximums of \$10,000.00 per calendar year and \$20,000.00 for the entire period of the person's coverage under the plan shall apply to eligible expenses incurred because of mental illness or functional nervous disorders, and such may be reapplied to a covered person, except as provided in P.L.1999, c.441 (C.52:14-17.29d et al.). The same provisions shall apply for retired

1	employees and their dependents. Under the conditions agreed upon
2	by the commission and the carriers as set forth in the contract, the
3	deductible for a calendar year may be satisfied in whole or in part
4	by eligible charges incurred during the last three months of the prior
5	calendar year.
6	Any service determined by regulation of the commission to be an
7	"eligible medical service" under the major medical expense benefits
8	coverage which is performed by a duly licensed practicing
9	psychologist within the lawful scope of his practice shall be
10	recognized for reimbursement under the same conditions as would
11	apply were such service performed by a physician.
12	(B) The contract or contracts purchased by the commission
13	pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-
14	17.28) shall include coverage for '[the]' services and benefits 'that
15	are at a level that is equal to or exceeds the level of services and
16	benefits ¹ set forth in this subsection, provided that such services
17	and benefits shall include only those that are eligible medical
18	services and not those deemed experimental, investigative or
19	otherwise not eligible medical services. The determination of
20	whether services or benefits are eligible medical services shall be
21	made by the commission consistent with the best interests of the
22	State and participating employers, employees, and dependents. The
23	following list of services is not intended to be exclusive or to
24	require that any limits or exclusions be exceeded.
25	Covered services shall include:
26	(1) Physician services, including:
27	(a) Inpatient services, including:
28	(i) medical care including consultations;
29	(ii) surgical services and services related thereto; and
30	(iii) obstetrical services including normal delivery,
31	cesarean section, and abortion.
32	(b) Outpatient/out-of-hospital services, including:
33	(i) office visits for covered services and care;
34 35	(ii) allergy testing and related diagnostic/therapy
36	services; (iii) dialysis center core:
37	(iii) dialysis center care; (iv) maternity care;
38	(v) well child care;
39	(vi) child immunizations/lead screening;
40	(vii) routine adult physicals including pap,
41	mammography, and prostate examinations; and
42	(viii) annual routine obstetrical/gynecological exam.
43	(2) Hospital services, both inpatient and outpatient, including:
44	(a) room and board;
45	(b) intensive care and other required levels of care;
46	(c) semi-private room;
47	(d) therapy and diagnostic services;

1	(e) surgical services or facilities and treatment related
2	thereto;
3	(f) nursing care;
4	(g) necessary supplies, medicines, and equipment for care;
5	<u>and</u>
6	(h) maternity care and related services.
7	(3) Other facility and services, including:
8	(a) approved treatment centers for medical
9	emergency/accidental injury;
10	(b) approved surgical center;
11	(c) hospice;
12	(d) chemotherapy;
13	(e) diagnostic x-ray and lab tests;
14	(f) ambulance;
15	(g) durable medical equipment; (b) prosthetic devices:
16	(h) prosthetic devices;
17 18	(i) diabatic symplics and advections and
19	(j) diabetic supplies and education; and
20	(k) oxygen and oxygen administration.(4) All services for which coverage is required pursuant to
21	P.L.1961, c.49 (C.52:14-17.25 et seq.), as amended and
22	supplemented. Benefits under the contract or contracts purchased
23	as authorized by the State Health Benefits Program shall include
24	those for mental health services subject to limits and exclusions
25	consistent with the provisions of the New Jersey State Health
26	Benefits Program Act.
27	(C) The contract or contracts purchased by the commission
28	pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-
29	17.28) shall include the following provisions regarding
30	reimbursements and payments:
31	(1) In the successor plan, the co-payment for doctor's office
32	visits shall be \$10 per visit with a maximum out-of-pocket of \$400
33	per individual and \$1,000 per family for in-network services for
34	each calendar year. The out-of-network deductible shall be \$100
35	per individual and \$250 per family for each calendar year, and the
36	participant shall receive reimbursement for out-of-network charges
37	at the rate of 80% of reasonable and customary charges, provided
38	that the out-of-pocket maximum shall not exceed \$2,000 per
39	individual and \$5,000 per family for each calendar year.
40	(2) In the State managed care plan that is required to be included
41	in a contract entered into pursuant to subsection c. of section 4 of
42	P.L.1961, c.49 (C.52:14-17.28), the co-payment for doctor's office
43	visits shall be \$15 per visit. The participant shall receive
44	reimbursement for out-of-network charges at the rate of 70% of
45	reasonable and customary charges. The in-network and out-of-
46	network limits, exclusions, maximums, and deductibles shall be
47	substantially equivalent to those in the NJ PLUS plan in effect on
48	June 30, 2007, with adjustments to that plan pursuant to a binding

collective negotiations agreement or pursuant to action by the commission, in its sole discretion, to apply such adjustments to State employees for whom there is no majority representative for collective negotiations purposes.

- (3) "Reasonable and customary charges" means charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.
- [(B)] (D) Benefits under the contract or contracts purchased as authorized by this act may be subject to such limitations, exclusions, or waiting periods as the commission finds to be necessary or desirable to avoid inequity, unnecessary utilization, duplication of services or benefits otherwise available, including coverage afforded under the laws of the United States, such as the federal Medicare program, or for other reasons.

Benefits under the contract or contracts purchased as authorized by this act shall include those for the treatment of alcoholism where such treatment is prescribed by a physician and shall also include treatment while confined in or as an outpatient of a licensed hospital or residential treatment program which meets minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation. No benefits shall be provided beyond those stipulated in the contracts held by the State Health Benefits Commission.

- [(C)] (E) The rates charged for any contract purchased under the authority of this act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined by the carrier on accepted group rating principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.
- **[**(D)**]** (F) The initial term of any contract purchased by the commission under the authority of this act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic renewal in the absence of notice of termination by the commission. Subsequent terms for which any contract may be renewed as herein provided shall each be limited to a period not to exceed one year.
- [(E) The] (G) A contract purchased by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall contain a provision that if basic benefits or major medical expense benefits of an employee or of an eligible dependent under the contract, after having been in effect for at least one month in the case of basic benefits or at least three months in the case of major medical expense benefits, is terminated, other

than by voluntary cancellation of enrollment, there shall be a 31-day period following the effective date of termination during which such employee or dependent may exercise the option to convert, without evidence of good health, to converted coverage issued by the carriers on a direct payment basis. Such converted coverage shall include benefits of the type classified as "basic benefits" or "major medical expense benefits" in subsection (A) hereof and shall be equivalent to the benefits which had been provided when the person was covered as an employee. The provision shall further stipulate that the employee or dependent exercising the option to convert shall pay the full periodic charges for the converted coverage which shall be subject to such terms and conditions as are normally prescribed by the carrier for this type of coverage.

[(F)] (H) The commission may purchase a contract or contracts to provide drug prescription and other health care benefits or authorize the purchase of a contract or contracts to provide drug prescription and other health care benefits as may be required to implement a duly executed collective negotiations agreement or as may be required to implement a determination by a public employer to provide such benefit or benefits to employees not included in collective negotiations units.

(I) The commission shall take action as necessary, in cooperation with the School Employees' Health Benefits Commission established pursuant to section 33 of P.L. , c. (C.) (pending before the Legislature as this bill), to effectuate the purposes of the School Employees' Health Benefits Program Act as provided in sections 31 through 41 of P.L., c. (C. (pending before the Legislature as this bill) and to enable the School Employees' Health Benefits Commission to begin providing coverage to participants pursuant to the School Employees' Health Benefits Program Act as of July 1, 2008.

32 (cf: P.L.1999, c.441, s.3)

34 24. Section 1 of P.L.2001, c.284 (C.52:14-17.29g) is amended to read as follows:

1. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of [this act] P.L.2001, c.284 (C.52:14-17.29g) provides that if an enrollee's or member's primary care physician's contract as a participating physician in a health maintenance organization or [NJ PLUS] State managed care plan will be terminated, the health maintenance organization or [NJ PLUS] State managed care plan, as appropriate, shall provide the enrollee or member with 90-days notice of the termination. If 90-days notice cannot be provided because the termination will occur prior to the end of the 90-day period, the health maintenance organization or [NJ PLUS] State managed care plan shall notify the enrollee or

member as soon as the health maintenance organization or [NJ PLUS] State managed care plan has knowledge of the termination.

3 b. Notwithstanding the provisions of any policy governing 4 open enrollment to the contrary, an enrollee or member who has 5 been notified by a health maintenance organization or [NJ PLUS] State managed care plan pursuant to this section may change his 6 7 coverage to another health benefits plan under the State Health 8 Benefits Program upon receiving notice that his primary care 9 physician will no longer be a participating physician with the health 10 maintenance organization or [NJ PLUS] State managed care plan, 11 in which the person is currently enrolled.

12 (cf: P.L.2001, c.284, s.1)

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25. Section 7 of P.L.1961, c.49 (C.52:14-17.31) is amended to read as follows:

7. The coverage provided solely for employees shall, subject to the provisions below, automatically become effective for all eligible employees from the first day on or after the effective date of the program on which they satisfy the definition of "employee" contained in this act. The commission shall establish the rules and regulations governing the enrollment and effective dates of coverage of dependents of employees it deems necessary or desirable. The rules and regulations shall not defer coverage with respect to any qualified dependent an employee has on the date the employee's employer becomes a participating employer, provided the employee was, immediately prior to the date, insured with respect to the dependent under a group [major medical] insurance plan of the employer which was in effect immediately prior to the Under the rules and regulations established by the commission, each employee shall be given the opportunity to enroll for coverage for dependents as of the earliest date the employee becomes eligible for enrollment. [An] With respect to the traditional plan, an employee may elect to enroll dependents for both basic coverage and major medical expense coverage but may not enroll for either coverage alone.

[If, on the date coverage for an employee would become effective, the employee is not actively at work full- time at the customary place of employment or other location to which the employment requires the employee to travel, the employee shall not be covered until the employee is so actively at work, except the employee shall be covered, if on the date the employee's employer becomes a participating employer, the employee was, immediately prior to that date, insured under a group major medical insurance plan of the employer which was in effect immediately prior to that date.]

In the event that the group [major medical] <u>health</u> plan which covered an employee or dependents immediately prior to the date

the employee's employer becomes a participating employer provides, after termination of coverage thereunder, any continuation of benefits [for medical expenses for hospitalization, surgery, medical treatment or any related service or supply, or would so provide in the absence of coverage pursuant to this act, no coverage shall be afforded pursuant to this act for any such expenses (i) which are covered, or which would be covered in the absence of coverage pursuant to this act, in whole or in part, by the prior insurance plan or (ii) which may be used in satisfaction of any deductible requirement under the prior insurance plan to establish entitlement to the continuation of benefits.

Each employee shall furnish the Division of Pensions and Benefits, in the prescribed form, the information necessary on account of the employee's own coverage and necessary to enroll dependents. Any employee not desiring coverage at the time the employee first becomes eligible, shall give the division written notice of that fact in the form prescribed by the division. The employee may not enroll thereafter except at the times and under the conditions prescribed by the commission.

If an employee of an employer other than the State eligible for coverage has a spouse who is also an employee of an employer other than the State eligible for coverage, the spouse may elect single coverage as an employee and to enroll as a dependent, in which event no coverage shall be provided for such spouse as an employee while covered as a dependent. The employee of an employer other than the State, who has enrolled such spouse, and who is required to pay the full cost of dependent coverage, may receive a refund from the State Division of Pensions and Benefits equivalent in amount to the employer's cost for an employee's coverage. When both husband and wife are covered as employees, only one may enroll for their children as dependents.

A similar refund shall be authorized pursuant to such rules and regulations as the commission deems necessary or desirable in the case of an employee of an employer other than the State who is paying the full cost of dependent coverage for a spouse who is an employee of the State and eligible for coverage.

If a husband and wife are both eligible for coverage under the program as employees:

a. each may elect coverage for himself or herself as an employee and for their qualified dependents, including the spouse, [under the traditional plan or the State managed care plan] in any plan offered other than a health maintenance organization, but only one may elect coverage for himself or herself and for their qualified dependents, including the spouse, in a participating health maintenance organization; and

b. each may elect single coverage in any participating health maintenance organization, provided that he or she is not covered 1 under the participating health maintenance organization as a 2 dependent of his or her spouse.

Any person employed as a substitute teacher by a school district and who provides evidence of coverage under another health benefits program may waive coverage for the current school year on or after the date on which the person becomes an employee eligible for coverage.

(cf: P.L.1996, c.8, s.5)

- 26. Section 1 of P.L.2003, c.142 (C.52:14-17.32n) is amended to read as follows:
- 1. a. A qualified member of the organized militia, as defined in N.J.S.38A:1-1, and the member's dependents, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), shall be eligible to participate in the State Health Benefits Program and be covered under the "State managed care plan", as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), in accordance with the law and rules governing the program and plan, except as otherwise provided by this act . <u>P.L.2003</u>, c.142 (C.52:14-17.32n). [Notwithstanding any other law to the contrary, a qualified member of the organized militia and the member's dependants shall be enrolled in NJ Plus.

A qualified member is a member who is called to State active duty by an order of the Governor issued pursuant to law, when the written order directly applicable to that member states that active duty shall be for a period of 30 days within a 35 consecutive day period, provided the member (1) is not a compensated, full-time appointed or elected public officer or employee of the State or any political subdivision thereof when called to active duty; (2) had employer-provided health care benefits coverage that was cancelled due to the member's military service or does not have employer-provided health care benefits coverage; and (3) is not covered for health care benefits under a program, plan or policy as a dependent of the member's spouse when called to active duty. For the limited purpose of this act, a qualified member shall be deemed a State employee, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26).

The member may waive coverage provided pursuant to this section by notifying the Division of Pensions and Benefits in writing.

- b. The Department of Military and Veterans' Affairs shall notify the Division of Pensions and Benefits of the members who are eligible for health care benefits coverage pursuant to this section, and shall notify the members themselves of the coverage provided, by whatever means deemed efficient and expeditious.
- c. The State Health Benefits Program shall not provide coverage for health care services and supplies provided to a member or the member's dependents prior to first day of active duty. The department, or the member when so requested, shall provide to the

division all information necessary on account of the member's coverage and to enroll the member's dependents pursuant to applicable law and regulations governing the program and plan. If information is not provided to the division in a timely manner, coverage shall commence only upon receipt by the division of all information deemed necessary by the division to provide the The division shall make such accommodation and coverage. provision for the addition of the member and the member's dependents to the program and plan as may be necessary under the circumstances.

- d. The coverage provided pursuant to this section shall be extended for health care services and supplies commencing on the first day of active duty service until the last day of active duty service, provided the information requirements in subsection c. of this section are met in a timely manner.
- e. The State shall be liable for the premium or periodic charges for the coverage for the qualified member and member's dependents, including the program's expenses for the administration of this section, in such amount as determined and fixed by the State Health Benefits Commission. The commission shall annually certify to the State the cost for providing health care benefits coverage to qualified members and their dependents under this section. The State shall annually remit to the commission the amount certified at a time specified by the State Treasurer.
- f. If a member or the member's dependents, or both, have health care benefits coverage, other than through the member's spouse, immediately preceding the call to active duty and that coverage continues, or is eligible to continue, during active duty status, the coverage provided pursuant to this section shall only be secondary to that primary coverage and shall not cover expenses which are covered, or which would be covered in the absence of coverage pursuant to this section, in whole or in part, by that prior existing coverage. If that coverage is terminated through the action or inaction of the member, the member's spouse or the member's employer, other than pursuant to terms and conditions in effect immediately preceding the call to active duty, the coverage under this section shall also terminate.

This section shall not be deemed to replace, supersede or modify health care benefits coverage received by the member, the member's spouse or dependents immediately preceding the call to active duty.

- g. Health care benefits coverage shall be provided pursuant to this section only if the provision of such coverage by the State Health Benefits Program does not violate applicable federal statutes in a manner that would change the nature, governance or status of the program.
- h. The Treasurer, in consultation with the Adjutant General, shall adopt regulations to effectuate the purposes of this act pursuant to the "Administrative Procedure Act", P.L.1968, c.410

1 (C.52:14B-1 et seq.), except that the Treasurer may immediately 2 adopt regulations the Division of Pensions and Benefits deems 3 necessary to implement the provisions of this act, upon the filing of 4 such regulations with the Office of Administrative Law. 5

(cf: P.L.2003, c.142, s.1)

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- 27. Section 1 of P.L.2003, c.172 (C.52:14-17.33a) is amended to read as follows:
- 9 1. a. Notwithstanding any provision of P.L.1961, c. 49 (C.52:14-10 17.25 et seq.) to the contrary, a part-time State employee, or a part-11 time faculty member, including part-time lecturers and adjunct 12 faculty members, at a State public institution of higher education in this State if the public institution of higher education participates in 13 14 the program, who is enrolled in a State-administered retirement 15 system shall be eligible to participate in the State Health Benefits 16 Program and may purchase health benefits coverage under the 17 program in the State managed care plan as defined in section 2 of 18 P.L.1961, c.49 (C.52:14-17.26) for the employee or faculty member 19 and the dependents of the employee or faculty member. If such an 20 employee or faculty member elects to enroll in the program, the 21 employee or faculty member shall pay the full cost of the coverage 22 selected and the employer shall not be responsible for any costs in 23 connection with the purchase of the coverage, unless the employer 24 shall be obligated to pay all or a portion of such costs in accordance 25 with the provisions of a binding collective negotiations agreement.
 - b. The State Health Benefits Commission may establish rules and regulations concerning the enrollment and termination of coverage of employees and faculty members in the State Health Benefits Program, pursuant to this section, and the procedures for the remittance to the program of the cost of coverage.

The employee or faculty member shall also be required to pay a proportionate share of administrative expenses of the program in such amounts and at such times as shall be determined and fixed by the commission. Amounts payable by a participating employee or faculty member for administrative expenses shall be collected in the same manner as premiums or periodic charges are paid and remitted to the State treasury and shall be used for such purposes.

- The laws and regulations governing the State Health Benefits Program, except as modified in this section, are applicable to enrollments in the program under this section and shall be construed to apply to part-time employees or faculty members and their dependents in the same manner as to full-time employees or faculty members and their dependents to the extent possible.
- d. Participation in the State Health Benefits Program pursuant to this section shall not qualify the employee or faculty member for employer or State-paid health care benefits in retirement in the program. Upon retirement, such employees or faculty members shall be permitted to enroll in the State managed care plan they

were enrolled in prior to retirement through the retired group at their own expense.

- 3 e. The State Health Benefits Commission shall advise eligible 4 employees, and the State public institutions of higher education 5 shall advise eligible faculty members, that they may enroll in the 6 State Health Benefits Program pursuant to this section and shall 7 further advise eligible employees and faculty members, as may be 8 appropriate, of any benefits to which they are entitled upon the 9 termination of their employment. The State Health Benefits 10 Commission shall determine the manner and form of the advisory
- notice to the employees and faculty members.
 (cf: P.L.2003, c.172, s.1)

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- 28. Section 3 of P.L.1964, c.125 (C.52:14-17.34) is amended to read as follows:
- 15 16 3. In order that the New Jersey State Health Benefits Program 17 Act may be extended to include other public [and school] 18 employees, participation by counties, municipalities, [school 19 districts, public agencies or organizations as defined in section 71 of P.L.1954, c.84 (C.43:15A-71), including the New Jersey 20 21 Turnpike Authority, [the New Jersey Highway Authority,] the 22 Interstate Environmental Commission, the Delaware River Basin 23 Commission, New Jersey Housing and Mortgage Finance Agency, 24 New Jersey Educational Facilities Authority, [Hackensack] New 25 <u>Jersey</u> Meadowlands [Development] Commission and
- Compensation Rating and Inspection Bureau, hereinafter defined as employers, is hereby authorized <u>, provided, however, that no such</u> employer shall enroll for coverage under the State Health Benefits Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.)
- 30 employees as defined in section 32 of
- 31 P.L., c. (C.)(pending before the Legislature as this bill).
- 32 (cf: P.L.2000, c.6, s.18)

- 34 29. Section 4 of P.L.1964, c.125 (C.52:14-17.35) is amended to read as follows:
- 4. As used in this act and in the act to which this act is a supplement:
- 38 (a) The term "employer" means a county, municipality, [school
- district, public agency or organization as defined in section 71 of P.L.1954, c.84 (C.43:15A-71), including the New Jersey Turnpike
- 41 Authority, [the New Jersey Highway Authority,] the Interstate
- 42 Environmental Commission, the Delaware River Basin
- 43 Commission, New Jersey Housing and Mortgage Finance Agency,
- 44 New Jersey Educational Facilities Authority, [Hackensack] New
- 45 <u>Jersey</u> Meadowlands [Development] Commission and the
- 46 Compensation Rating and Inspection Bureau. The term "employer"
- 47 shall include a subsidiary corporation or other corporation

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- 1 established by the Delaware River Port Authority pursuant to
- 2 subdivision (m) of Article I of the compact creating the authority
- 3 (R.S.32:3-2), as defined in section 3 of P.L.1997, c.150 (C.34:1B-
- 4 146), except that only persons who are employees of the South
- 5 Jersey Port Corporation on the effective date of P.L.1997, c.150
- 6 (C.34:1B-144 et al.) and are re-employed by the subsidiary or other
- 7 corporation within 365 days of the effective date are eligible to
- 8 participate in the program.
- 9 (b) The term "State Treasury" means the State agency 10 responsible for the administration of the New Jersey State Health
- 11 Benefits Program Act which is to be located in the Division of
- 12 Pensions and Benefits in the Department of the Treasury.
- 13 (cf: P.L.2000, c.6, s.19)

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- 30. Section 5 of P.L.1993, c.8 (C.52:14-17.38b) is amended to
- read as follows:
 Notwithstanding the provisions of any other law, rule, or
- 18 regulation to the contrary, any local board of education may elect to
- 19 participate in the State Health Benefits Program upon the
- 20 termination of any contract in effect on the effective date of this
- amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b
- et al.), between the board of education and an insurance company writing insurance pursuant to Title 17B of the New Jersey Statutes,
- hospital service corporation, medical service corporation, health
- 25 service corporation, or health maintenance organization to provide
- 26 hospital and medical expense benefits. Such election shall be in
- 27 accordance with the laws and regulations otherwise applicable to
- 28 participation by employers other than the State in the program. If
- 29 the board does not elect to participate in the State Health Benefits
- 30 Program at that time, its eligibility to elect such participation
- 31 thereafter shall be subject to the time period specified by the State
- 32 Health Benefits Commission for participating again in the State
- 33 Health Benefits Program after a participant's withdrawal from the
- program. No such election shall be permitted after June 30, 2008.
- 35 (cf: P.L.1993, c.8, s.5)

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- 37 31. (New section) Sections 31 through 41 of
- 38 P.L., c. (C.)(pending before the Legislature as this bill)
- 39 shall be known and may be cited as the "School Employees' Health
- 40 Benefits Program Act."

- 42 32. (New section) As used in the School Employees' Health
- 43 Benefits Program Act, sections 31 through 41 of
- 44 P.L., c. (C.)(pending before the Legislature as this bill):
- a. The term "State" means the State of New Jersey.
- b. The term "commission" means the School Employees' Health
- 47 Benefits Commission, created by section 33 of

- 1 P.L., c. (C.)(pending before the Legislature as this 2 bill).
- 3 c. The term "employer" means local school district, regional 4 school district, county vocational school district, county special 5 services school district, jointure commission, educational services 6 commission, State-operated school district, charter school, county 7 college, any officer, board, or commission under the authority of 8 the Commissioner of Education or of the State Board of Education, 9 and any other public entity which is established pursuant to 10 authority provided by Title 18A of the New Jersey Statutes, but 11 excluding the State public institutions of higher education and 12 excluding those public entities where the employer is the State of 13 New Jersey.

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- d. The term "employee" means a person employed in any full time capacity by an employer, and shall include persons defined as a school employee by the regulations of the State Health Benefits Commission in effect on the effective date of the School Employees' Health Benefits Program Act. "Full-time" shall have the same meaning as in the regulation of the State Health Benefits Commission regarding local coverage in effect on the effective date of the School Employees' Health Benefits Program Act. The term "employee" shall not include persons employed on a short-term, seasonal, intermittent, or emergency basis, persons compensated on a fee basis, persons having less than two months of continuous service or persons whose compensation is limited to reimbursement of necessary expenses actually incurred in the discharge of their official duties. An employee paid on a 10-month basis, pursuant to an annual contract, shall be deemed to have satisfied the two-month waiting period if the employee begins employment at the beginning of the contract year. The term "employee" shall also not include retired persons who are otherwise eligible for benefits under the School Employees' Health Benefits Program but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B. A determination by the commission that a person is an eligible employee for the purposes of the School Employees' Health Benefits Program shall be final and binding on all parties.
- e. The term "dependents" means an employee's spouse, domestic partner, or partner in a civil union couple, and unmarried children under the age of 23 years who live in a regular parent/child relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family Services in the Department of Children and Families, provided they are reported for coverage and are wholly dependent upon the employee for support and maintenance. A spouse, domestic partner, partner in a civil union couple, or child enlisting or inducted into military service shall not be considered a dependent

- during the military service. The term "dependents" shall not include spouses, domestic partners, or partners in a civil union couple, of retired persons who are otherwise eligible for the benefits under the School Employees' Health Benefits Program but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B.
- f. The term "carrier" means a voluntary association, corporation or other organization, including but not limited to a health maintenance organization as defined in section 2 of the "Health Maintenance Organizations Act," P.L.1973, c.337 (C.26:2J-2), which is lawfully engaged in providing or paying for or reimbursing the cost of, personal health services, including hospitalization, medical and surgical services under insurance policies or contracts, membership or subscription contracts, or the like, in consideration of premiums or other periodic charges payable to the carrier.
 - g. The term "hospital" means:

- (1) an institution operated pursuant to law which is primarily engaged in providing on its own premises, for compensation from its patients, medical diagnostic and major surgical facilities for the care and treatment of sick and injured persons on an inpatient basis, and which provides such facilities under the supervision of a staff of physicians and with 24 hour a day nursing service by registered graduate nurses, or
- (2) an institution not meeting all of the requirements of paragraph (1) but which is accredited as a hospital by the Joint Commission on Accreditation of Hospitals. In no event shall the term "hospital" include a convalescent nursing home or any institution or part thereof which is used principally as a convalescent facility, residential center for the treatment and education of children with mental disorders, rest facility, nursing facility or facility for the aged or for the care of drug addicts or alcoholics.
- h. The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
- i. The term "managed care plan" means a health care plan under which comprehensive health care services and supplies are provided to eligible employees, retirees, and dependents: (1) through a group of doctors and other providers employed by the plan; or (2) through an individual practice association, preferred provider organization, or point of service plan under which services and supplies are furnished to plan participants through a network of doctors and other providers under contracts or agreements with the plan on a prepayment or reimbursement basis and which may provide for payment or reimbursement for services and supplies obtained

- outside the network. The plan may be provided on an insured basis through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under contracts with the State.
- 5 j. The term "successor plan" means a managed care plan that shall replace the "traditional plan," as defined in section 2 of 6 7 P.L.1961, c.49 (C.52:14-17.26), and that shall provide benefits as 8 set forth in section 36 of P.L., c. (C.)(pending before the 9 Legislature as this bill), and provide out-of-network benefits to 10 participants with a payment by the plan of 80% of reasonable and as forth 11 customary charges set in section 12 P.L., c. (C.)(pending before the Legislature as this bill) and 13 as may be adjusted in accordance with section 40 of 14 P.L., c. (C.)(pending before the Legislature as this bill).

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- 33. (New section) a. There is hereby created a School Employees' Health Benefits Commission, consisting of nine members:
- (1) the State Treasurer and the Commissioner of the Department of Banking and Insurance serving ex officio;
- (2) a member appointed by the Governor who is a New Jersey resident and is qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;
- (3) a member appointed by the Governor from among three persons nominated by the New Jersey School Boards' Association, which member shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;
- (4) three members appointed by the Governor from among five persons nominated by the New Jersey Education Association, of whom two shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;
- (5) a member appointed by the Governor from among three persons nominated by the education section of the New Jersey State AFL-CIO, which member shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers; and
- (6) a member appointed pursuant to subsection b. of this section who shall be the chairperson.
- b. The Governor shall appoint the chairperson from among three persons nominated jointly by at least six of the eight members appointed pursuant to subsection a. of this section.
- c. If the Governor declines to make an appointment from among the persons nominated for membership, the Governor shall request that a new list of nominees be provided in compliance with subsection a. of this section. If the Governor declines to make an

appointment from the new list, the process set forth in this subsection shall be repeated until the Governor makes an appointment from a list of nominees. Except with respect to the appointment of the chairperson, if a new list of nominees is not submitted within 45 days of the Governor's request, the Governor shall make the appointment without the need to select from any list of nominees.

- d. The initial terms of the members of the commission shall be as follows:
- (1) the member appointed pursuant to paragraph (3) of subsection a. of this section and the two members appointed pursuant to paragraph (4) of subsection a. of this section who are required to be qualified by experience, education, or training shall serve for a term of three years;
- (2) the member appointed pursuant to paragraph (2) of subsection a. of this section, the member appointed pursuant to paragraph (4) of subsection a. of this section who is not required to be qualified by experience, education, or training, and the member appointed pursuant to paragraph (5) of subsection a. of this section shall serve for a term of two years; and
 - (3) the chairperson shall serve for a term of six years.

All subsequent terms shall be for three years, except that the term of the chairperson shall be five years. A member of the commission may be reappointed to succeeding terms without limit in the same manner as the original appointment. A vacancy occurring on the commission shall be filled in the same manner as the original appointment and only for the unexpired term.

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29 34. (New section) The School Employees' Health Benefits 30 Program, authorized by sections 31 through 31)(pending before the Legislature as this bill), 32 shall be administered in the Department of the Treasury. 33 Administrative services required by the commission shall be 34 provided through the Division of Pensions and Benefits, and the 35 Director of the Division of Pensions and Benefits shall be the 36 secretary of the commission. The commission shall establish a 37 health benefits program for the school employees of the State, the 38 cost of which shall be paid as specified in this act. The commission 39 shall, by a majority vote of its full authorized membership, establish 40 and change rules and regulations as may be deemed reasonable and 41 necessary for the administration of this act. Until such rules and 42 regulations are established, the rules and regulations of the State 43 Health Benefits Commission shall be deemed to apply to the School 44 Employees' Health Benefits Program. 45

The Attorney General shall be the legal advisor of the commission.

The members of the commission shall serve without compensation but shall be reimbursed for any necessary expenditure.

The commission shall ensure that audits and reviews are performed as required by section 40 of P.L. , c. (C.) (pending before the Legislature as this bill). Actions of the commission related to such audits and reviews shall require a majority vote of the full authorized membership of the commission to be approved.

Except as otherwise specified in this act, actions of the commission shall require the affirmative vote of a majority of the members present at a meeting at which a majority of the full authorized membership is present.

- 35. (New section) a. The commission shall negotiate with and arrange for the purchase, on such terms as it deems in the best interests of the State, participating employers and those persons covered hereunder from carriers licensed to operate in the State or in other jurisdictions, as appropriate, contracts providing benefits required by the School Employees' Health Benefits Program Act, as specified in section 36 of P.L. , c. (C.)(pending before the Legislature as this bill), or such benefits as the commission may determine to provide, so long as such modification of benefits are in the best interests of the State, participating employers and those persons covered hereunder, and are consistent with the provisions of section 40 of that act. The commission shall have authority to execute all documents pertaining thereto for and on behalf of the State. The commission shall not enter into a contract under the School Employees' Health Benefits Program Act, unless the benefits provided thereunder are equal to or exceed the standards specified in section 36 of that act, or as such standards are modified pursuant to section 40 of that act.
- b. The rates charged for any contract purchased under the authority of the School Employees' Health Benefits Program Act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined based upon accepted group rating principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.
- c. The commission shall be authorized to accept an assignment of contract rights from or enter into an agreement, contract, memorandum of understanding or other terms with the State Health Benefits Commission to ensure that coverage for eligible employees, retirees and dependents under the School Employees' Health Benefits Program whose benefits had been provided through the State Health Benefits Program is continued without interruption.

- 1 The transition provided for in this subsection shall occur within one
- 2 year of the effective date of the School Employees' Health Benefits
- 3 **Program** sections 31 through
- 4 P.L., c. (C.)(pending before the Legislature as this bill).
- 5 Benefits under the contract or contracts purchased as 6 authorized by the School Employees' Health Benefits Program Act
- 7 may be subject to such limitations, exclusions, or waiting periods as
- 8 the commission finds to be necessary or desirable to avoid inequity,
- 9 unnecessary utilization, duplication of services or benefits 10 otherwise available, including coverage afforded under the laws of
- 11 the United States, such as the federal Medicare program, or for
- 12 other reasons.
 - e. The initial term of any contract purchased by the commission under the authority of the School Employees' Health Benefits Program Act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic
- 17 renewal in the absence of notice of termination by the commission.
- 18 Subsequent terms for which any contract may be renewed as herein
- 19 provided shall each be limited to a period not to exceed one year.

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- 36. (New section) a. Notwithstanding the provisions of any
- 22 other law to the contrary, the commission shall not enter into a 23 contract under the School Employees' Health Benefits Program Act,
- 24 sections 31 through 41 of P.L., c (C.)(pending before the
- 25 Legislature as this bill), for the benefits provided pursuant to the
- 26 act, unless the level of benefits provided under the contract entered
- 27 into is equal to or exceeds the level of benefits provided in this
- section, or as modified pursuant to section 40 of that act. Only 28
- 29 benefits for medically necessary services that are not deemed
- 30 experimental, investigative or otherwise not eligible medical
- 31 services shall be provided. The determination that services are not
- 32 "eligible medical services" shall be made by the commission
- consistent with the best interests of the State, participating 33
- 34 employers and those persons covered hereunder. Benefits for
- 35 services provided pursuant to the School Employees' Health
- 36 Benefits Act shall be subject to limits or exclusions consistent with
- 37 those that apply to benefits provided pursuant to the New Jersey
- 38 State Health Benefits Program Act. The services provided pursuant
- 39 to this section shall include all services, subject to applicable limits
- 40 and exclusions, provided through the State Health Benefits Program
- 41 as of July 1, 2007. The list of services in subsection b. of this
- 42 section is not intended to be exclusive or to require that any limits
- 43 or exclusions be exceeded.

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- b. The services covered hereunder by the School Employees'
- 45 Health Benefits Program shall include:
 - (1) Physician services, including:
- (a) Inpatient services, including: 47
- 48 (i) medical care including consultations;

1 (ii) surgical services and services related there	. 1
_	mal delivery,
3 cesarean section, and abortion.	
4 (b) Outpatient/out-of-hospital services, including	ıg:
5 (i) office visits for covered services and care;	
6 (ii) allergy testing and related diagnostic/thera	apy
7 services;	
8 (iii) dialysis center care;	
9 (iv) maternity care;	
10 (v) well child care;	
11 (vi) child immunizations/lead screening;	
12 (vii) routine adult physicals including pap, ma	ammography,
and prostate examinations; and	
14 (viii) annual routine obstetrical/gynecological	
15 (2) Hospital services, both inpatient and outpatient	, including:
16 (a) room and board;	
17 (b) intensive care and other required levels of c	are;
(c) semi-private room;	
19 (d) therapy and diagnostic services;	
20 (e) surgical services or facilities and treatment	related
21 thereto;	
22 (f) nursing care;	
23 (g) necessary supplies, medicines, and equipme	nt for care;
24 and	
25 (h) maternity care and related services.	
26 (3) Other facility and services, including:	
27 (a) approved treatment centers for medical emer	gency/
accidental injury;	
(b) approved surgical center;	
30 (c) hospice;	
31 (d) chemotherapy;	
32 (e) diagnostic x-ray and lab tests;	
33 (f) ambulance;	
34 (g) durable medical equipment;	
35 (h) prosthetic devices;	
36 (i) foot orthotics;	
37 (j) diabetic supplies and education; and	
38 (k) oxygen and oxygen administration.	
	purchased as
39 c. Benefits under the contract or contracts	
c. Benefits under the contract or contractsauthorized by the School Employees' Health Benefit	s Program Act
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40 authorized by the School Employees' Health Benefit	m where such
 authorized by the School Employees' Health Benefit shall include those for the treatment of alcoholism 	m where such l also include
authorized by the School Employees' Health Benefit 41 shall include those for the treatment of alcoholise 42 treatment is prescribed by a physician and shall	m where such l also include of a licensed
authorized by the School Employees' Health Benefit shall include those for the treatment of alcoholise treatment is prescribed by a physician and shall treatment while confined in or as an outpatient	m where such l also include of a licensed neets minimum

provided beyond those stipulated in the contracts held by the School

Employees' Health Benefits Commission.

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- Benefits under the contract or contracts purchased as authorized by the School Employees' Health Benefits Program Act shall include those for mental health services subject to limits and exclusions consistent with those that apply to benefits for such services pursuant to the New Jersey State Health Benefits Program Act. Coverage for biologically-based mental illness, as defined in section 1 of P.L.1999, c.441 (C.52:14-17.29d), shall be provided in accordance with section 2 of P.L.1999, c.441 (C.52:14-17.29e).
 - e. Coverage provided under the School Employees' Health Benefits Program Act shall include coverage for all services for which coverage is mandated in the State Health Benefits Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.).
 - f. (1) As used in this subsection:

- (a) "brand name" means the proprietary or trade name assigned to a drug product by the manufacturer or distributor of the drug product.
- (b) "carrier" means an insurance company, hospital, medical, or health service corporation, preferred provider organization, or health maintenance organization under agreement or contract with the commission to administer the School Employee Prescription Drug Plan.
- (c) "School Employee Prescription Drug Plan" means the plan for providing payment for eligible prescription drug expenses of members of the School Employees' Health Benefits Program and their eligible dependents.
- (d) "generic drug products" means prescription drug products and insulin approved and designated by the United States Food and Drug Administration as therapeutic equivalents for reference listed drug products. The term includes drug products listed in the New Jersey Generic Formulary by the Drug Utilization Review Council pursuant to P.L.1977, c.240 (C.24:6E-1 et al.).
- (e) "mail-order pharmacy" means the mail order program available through the carrier.
- (f) "preferred brands" means brand name prescription drug products and insulin determined by the carrier to be more cost effective alternative for prescription drug products and insulin with comparable therapeutic efficacy within a therapeutic class, as defined or recognized in the United States Pharmacopeia or the American Hospital Formulary Service Drug Information, or by the American Society of Health Systems Pharmacists. A drug product for which there is no other therapeutically equivalent drug product shall be a preferred brand. Determinations of preferred brands by the carrier shall be subject to review and modification by the commission.
- (g) "retail pharmacy" means a pharmacy, drug store or other retail establishment in this State at which prescription drugs are dispensed by a registered pharmacist under the laws of this State, or a pharmacy, drug store or other retail establishment in another state

1 at which prescription drug products are dispensed by a registered 2 pharmacist under the laws of that state if expenses for prescription 3 drug products dispensed at the pharmacy, drug store, or other retail 4 establishment are eligible for payment under the School Employee Prescription Drug Plan.

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- (h) "other brands" means prescription drug products which are not preferred brands or generic drug products. A new drug product approved by the United States Food and Drug Administration which is not a generic drug product shall be included in this category until the carrier makes a determination concerning inclusion of the drug product in the list of preferred brands.
- Employers that participate in the School Employees' (2) (a) Health Benefits Program may offer to their employees and eligible dependents:
- (i) enrollment in the School Employee Prescription Drug Plan,
 - (ii) enrollment in another free-standing prescription drug plan, or
- (iii) election of prescription drug coverage under their health care coverage through the School Employees' Health Benefits Program plan or as otherwise determined by the commission.
- (b) A co-payment shall be required for each prescription drug expense if the employer chooses to participate in the School Employee Prescription Drug Plan. The initial amounts of the copayments shall be the same as those in effect on July 1, 2007 for the employee prescription drug plan offered through the State Health Benefits Program.
- (c) If the employer elects to offer a free-standing prescription drug plan, the employee's share of the cost for this prescription drug plan may be determined by means of a binding collective negotiations agreement, including any agreements in force at the time the employer commences participation in the School Employees' Health Benefits Program.
- (d) If an employee declines the employer's offering of a freestanding prescription drug plan, no reimbursement for prescription drugs shall be provided under the health care coverage through the School Employees' Health Benefits Program plan in which the employee is enrolled.
- (e) Prescription drug classifications that are not eligible for coverage under the employer's prescription drug plan shall also not be eligible for coverage under the health care coverage through the School Employees' Health Benefits Program plan except as federally or State mandated.
- If the employer elects to not offer a free-standing prescription drug plan, then the employer shall offer prescription drug coverage under the health care coverage through the School Employees' Health Benefits Program plan or as determined by the Any plan that has in-network and out-of-network coverage shall cover prescription drugs at 90% in-network and at

the out-of-network rate applicable to health care coverage in the plan. The out-of-pocket amounts paid towards prescription drugs shall be combined with out-of-pocket medical payments to reach all out-of-pocket maximums.

- (g) Health care coverages through the School Employees' Health Benefits Program that only have in-network benefits shall include a prescription card with co-payment amounts the same as those in effect on July 1, 2007 for such coverages offered through the State Health Benefits Program.
- (h) In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section 40 of that act, review the prescription drug program established in this subsection and may make changes in the program pursuant to the terms of section 40 by majority vote of the full authorized membership of the commission.

37. (New section) Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and to qualified employees, retirees and dependents a managed care plan in which the office co-payment amount shall be \$10 per visit with a maximum out-of-pocket of \$400 per individual and \$1,000 per family for in-network services for each calendar year. The out-of-network deductible shall be \$100 per individual and \$250 per family for each calendar year with the plan paying for 80% of reasonable and customary charges as defined herein up to an out-of-pocket maximum that shall not exceed \$2,000 per individual and \$5,000 per family for each calendar year.

In the successor plan, the in-network out-of-pocket payments shall count toward the out-of-network out-of-pocket maximums. Any lifetime maximum for out-of-network services shall not be less than any maximums in effect under the State Health Benefits Program as of July 1, 2007. There shall be no lifetime maximum for in-network services.

The carrier that administers the successor plan shall make available to the plan participants through in-network and out-of-network providers access to physicians and hospitals sufficient in geographic scope and number to provide access to health care services that is substantially equivalent to the access to health care services available through the State Health Benefits Program as of July 1, 2007.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall be authorized to offer to participating employers and qualified employees, retirees and dependents managed care plans in which the in-network per visit charge shall not exceed \$15 per visit and the out of network reimbursement shall be 70% of reasonable and customary charges

as defined herein, provided the in-network and out-of-network maximums and deductibles do not exceed the limits set forth above.

The amounts of maximums, co-pays, deductibles, and other participant costs shall be reviewed, as part of the fifth year audit undertaken pursuant to section 40 of P.L., c. (C.)(pending before the Legislature as this bill). The commission shall make changes in such amounts pursuant to section 40 by majority vote of the full authorized membership of the commission.

"Reasonable and customary charges" means, for any out-ofnetwork payment made by a carrier, charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and qualified employees, retirees and dependents one or more health maintenance organization plans.

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- 38. (New section) a. Retirees and eligible dependents who participate in the School Employees' Health Benefits Program shall be eligible to participate in the School Retiree Prescription Drug Plan. The definitions in subsection f. of section 36 of P.L., c. (C.)(pending before the Legislature as this bill) shall apply to the School Retiree Prescription Drug Plan.
- b. There shall be no annual deductible amount that retirees or their eligible dependents shall be required to satisfy before eligibility for payment of prescription drug expenses under the School Retiree Prescription Drug Plan.
- c. Eligibility of prescription drug expenses for coverage under the School Retiree Prescription Drug Plan shall be determined on the same basis as reasonable and necessary medical expenses under the School Employees' Health Benefits Program.
- d. A co-payment shall be required for each prescription drug expense until a retiree or eligible dependent satisfies the maximum annual out-of-pocket expense for a calendar year prescribed in subsection f. of this section. The amounts of the co-payments shall be the same as those in effect as of July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of co-payment.
- e. The supply of a drug product eligible for coverage under the School Retiree Prescription Drug Plan for each prescription drug expense shall be limited to 30 days if the prescription is filled at a retail pharmacy, and 90 days if the prescription is filled through the mail-order pharmacy.

- f. The amount of out-of-pocket expense that a retiree or eligible dependent shall pay in a calendar year for eligible prescription drug expenses under the School Retiree Prescription Drug Plan shall be limited in the first year of the plan to the amount in effect on July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of out-of-pocket expense.
- g. In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section (C. P.L.)(pending before the Legislature as this bill), , c. review the amounts established in this section and make any changes that it deems appropriate pursuant to section 40 of P.L., c. (C.)(pending before the Legislature as this bill) by majority vote of the full authorized membership of the commission.

- 39. (New section) a. For each active covered employee and for the eligible dependents the employee may have enrolled at the employee's option, from funds appropriated therefor, the employer shall pay to the commission the premium or periodic charges for the benefits provided under the contract in amounts equal to the premium or periodic charges for the benefits provided under such a contract covering the employee and the employee's enrolled dependents.
- b. The obligations of any employer to pay the premium or periodic charges for health benefits coverage provided under the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c. (C.) (pending before the Legislature as this bill), may be determined by means of a binding collective negotiations agreement, including any agreement in force at the time the employer commences participation in the School Employees' Health Benefits Program. With respect to employees for whom there is no majority representative for collective negotiations purposes, the employer may, in its sole discretion, modify the respective payment obligations set forth in law for the employer and such employees in a manner consistent with the terms of any collective negotiations agreement binding on the employer.
- c. There is hereby established a School Employee Health Benefits Program fund consisting of all contributions to premiums and periodic charges remitted to the State treasury by participating employers for employee coverage. All such contributions shall be deposited in the fund and the fund shall be used to pay the portion of the premium and periodic charges attributable to employee and dependent coverage.
- d. Notwithstanding any law to the contrary, the payment in full of premium or periodic charges for eligible retirees and their dependents pursuant to section 3 of P.L.1987, c.384 (C.52:14-

17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1), or section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be continued without alteration or interruption and there shall be no premium sharing or periodic charges for school employees in retirement once they have met the criteria for vesting for pension benefits, which criteria for purposes of this subsection only shall mean the criteria for vesting in the Teachers' Pension and Annuity Fund. For purposes of this subsection, "premium sharing or periodic charges" shall mean payments by eligible retirees based upon a proportion of the premiums for health care benefits.

- 40. (New section) a. The School Employees' Health Benefits Commission shall publish annually, at least 30 days prior to the commencement of the open enrollment period for that year, a report showing the fiscal transactions of the program for the preceding calendar year and stating other facts pertinent to the program and all participating employers.
- b. At the same time as the annual report is published, the commission shall publish an audit report of the program's costs and the aggregate usage of plan participants during the preceding calendar year, which audit shall be prepared by a qualified independent auditor selected by the commission in accordance with applicable laws regarding selection of auditing services. The independent auditor shall include in its report specific recommendations that are projected to result in cost savings to the State and to participating employers.

The specific recommendations to be submitted in the annual audit report shall include, but not be limited to, savings achievable through disease management, prescription benefit management, and elimination of administrative and program inefficiencies. In addition, the annual audit may recommend changes to the benefits provided under the School Employees' Health Benefits Program that improve the overall ability to retain and attract eligible employees.

- c. The commission shall submit the annual report and annual audit report to the Governor and the Legislature, and shall make these reports available to every participating employer.
- d. At the start of the fifth year following the initial appointment of all of its members, and at the start of every fifth year thereafter, the commission shall contract with an independent, qualified auditor, separate from the person performing the annual audit described in subsection b. of this section, for a comprehensive review and audit of all elements of the program, as well as the plan design and structure for each plan offered by the commission. The auditor shall be qualified by experience, training, resources, and education to perform intensive audits of public health insurance plans that are of a similar size and scope and shall be familiar with benefit designs of employers that are eligible but do not participate

in the commission. The auditor shall be selected in accordance with applicable law.

e. Each fifth year review and audit shall be the annual audit for that year and the review shall include all of the elements contained in the annual audit plus the additional reviews set forth in this subsection. In addition to performing the tasks of the annual audit, the auditor selected for a fifth year review shall review the program plan design, and plan structure and recommendations measures, for sharing cost including deductibles, modifications of co-payments, out-of-pocket maximums, limits, exclusions, and other measures to be considered for implementation by the commission. The commission is authorized to implement such recommendations pursuant to majority vote of the full authorized membership of the commission.

The commission shall submit the five-year review and audit report to the Governor and the Legislature and shall make the report available to every participating employer.

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41. (New section) All provisions of P.L.1961, c.49 (C.52:14-17.25 et seq.) applicable to the State Health Benefits Program shall, except as expressly stated in the School Employees' Health Benefits Program Act, be construed as applicable to participating employers and to their employees and to dependents of such employees, and to retirees and to dependents of such retirees, in the School Employees' Health Benefits Program.

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- 42. Section 3 of P.L.1987, c.384 (C.52:14-17.32f) is amended to read as follows:
- 3. A qualified retiree from the Teachers' Pension and Annuity Fund (N.J.S.18A:66-1 et seq.) and dependents of a qualified retiree, but not including survivors, are eligible to participate in the
- 32 [program] State Health Benefits Program until June 30, 2008, and
- 33 <u>beginning July 1, 2008, in the School Employees' Health Benefits</u>
- 34 <u>Program</u>, regardless of whether the retiree's employer participated
- in the program.
- A qualified retiree is a retiree who:
- a. Retired on a benefit based on 25 or more years of service credit;
- 39 b. Retired on a disability pension based on fewer years of 40 service credit; or
 - c. Elected deferred retirement based on 25 or more years of service credit and who receives a retirement allowance.

The program shall reimburse a qualified retiree who participates in the program for the premium charges under Part B of the federal medicare program for the retiree and the retiree's spouse. A qualified retiree who retired under subsections a. and b. of this section prior to the effective date of this 1987 amendatory and supplementary act is eligible for the coverage if the retiree applies

to the program for it within one year after the effective date, and a qualified retiree as defined under subsection c. of this section whose retirement allowance commenced prior to the effective date of this 1992 amendatory act is eligible for the coverage if the retiree applies to the program for it within one year after the effective date.

The premium or periodic charges for benefits provided to a qualified retiree and the dependents of the retiree, and the cost for reimbursement of medicare premiums shall be paid by the [Teachers' Pension and Annuity Fund] State.

(cf: P.L.1994, c.62, s.12)

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- 43. Section 2 of P.L.1987, c.385 (C.18A:66-18.1) is amended to read as follows:
- 14 2. [a.] Pension adjustment benefits for members and 15 beneficiaries of the Teachers' Pension and Annuity Fund as 16 provided by the "Pension Adjustment Act," P.L.1958, c.143 17 (C.43:3B-1 et seq.), shall be paid by the retirement system and shall 18 be funded as employer obligations by the same method provided by 19 law for the funding of employer obligations for the basic retirement 20 benefits provided by the retirement system.
 - [b. Health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f) shall be funded and paid by the retirement system through a separate fund or trust of the retirement system in accordance with the requirements of the federal Internal Revenue Code. Beginning with the actuarial valuation period ending March 31, 1994, the actuary of the retirement system shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 1/2 of 1% of the salary of the active members for the valuation period, except that contributions to increase the balance in the fund shall not be made in State fiscal years 2002 and 2003. Beginning with the actuarial valuation period ending June 30, 2002, the contribution shall be computed to provide that the balance in the fund shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. Any monies in a separate fund or trust maintained by the retirement system to pay for health care benefits for qualified retirees and their dependents as provided in this section may be used in State fiscal year 2002 to pay the premiums or periodic charges for the benefits. If the assets in the fund are insufficient to pay the premiums or periodic charges for the benefits, they shall be paid directly by the Nothing hereinabove shall alter health care benefits for qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.
- 48 (cf: P.L.2002, c.11, s.1)

- 1 44. Section 2 of P.L.1990, c.6 (C.43:15A-24.1) is amended to 2 read as follows:
- Pension adjustment benefits for members and 3 a. 4 beneficiaries of the Public Employees' Retirement System provided 5 by the "Pension Adjustment Act," P.L.1958, c.143 (C.43:3B-1 et 6 seq.), shall be paid by the retirement system and shall be funded as employer obligations by the same method provided by law for the 7 8 funding of employer obligations for the basic retirement benefits 9 provided by the retirement system. Normal and accrued liability 10 contributions for pension adjustment benefits for active employees 11 of employers other than the State shall be determined for the 1992 12 valuation year and shall be phased in so that the level of recognition 13 of the full normal and accrued liability contributions for the State 14 and other employers shall be 20% for valuation year 1992 and 24% 15 for valuation year 1993, and shall be increased by 2.24% for each 16 valuation year thereafter until the full normal and accrued liability 17 contributions are fully recognized.
- 18 [b. Health care benefits for retired State employees and their 19 dependents for which the State is required to pay the premiums or 20 periodic charges under the "New Jersey State Health Benefits 21 Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.), shall be 22 funded and paid by the retirement system through a separate fund or 23 trust of the retirement system in accordance with the requirements 24 of the federal Internal Revenue Code. Beginning with the actuarial 25 valuation period ending March 31, 1994, the actuary of the 26 retirement system shall annually compute a contribution to fund 27 these health care benefits which shall be the amount necessary to 28 pay the anticipated premiums or periodic charges for the benefits 29 for the following valuation period and to provide that the balance in 30 the fund as of the end of the following valuation period shall be 31 increased by 1/2 of 1% of the salary of the active members for the 32 valuation period, except that contributions to increase the balance in 33 the fund shall not be made in State fiscal years 2002 and 2003. 34 Beginning with the actuarial valuation period ending June 30, 2002, 35 the contribution shall be computed to provide that the balance in the 36 fund shall be increased by 3/5 of 1% of the salary of the active 37 members for the valuation period. Any monies in a separate fund or 38 trust maintained by the retirement system to pay for health care 39 benefits for qualified retirees and their dependents as provided in 40 this section may be used in State fiscal year 2002 to pay the 41 premiums or periodic charges for the benefits. If the assets in the 42 fund are insufficient to pay the premiums or periodic charges for 43 the benefits, they shall be paid directly by the State. Nothing 44 hereinabove shall alter health care benefits for qualified retirees and 45 their dependents or relieve the State from its acknowledged 46 obligation to fund the benefits.
- 47 (cf: P.L.2002, c.11, s.2)

45. Section 3 of P.L.1993, c.8 (C.52:14-17.38c) is amended to read as follows:

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- 3. With respect to any policy or contract between a local board of education and an insurance company writing insurance pursuant to Title 17B of the New Jersey Statutes, hospital service corporation, medical service corporation, health service corporation, or health maintenance organization which provides hospital or medical expense benefits:
- a. upon the commencement of any policy or contract entered into after the effective date of this amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b et al.); or
- in the case of any policy or contract in effect as of the effective date of this act, no earlier than the second anniversary date after the effective date of this act of any such policy or contract, the insurance company, hospital service corporation, medical service corporation, health service corporation, or health maintenance organization shall annually pay to the State Health Benefits Program a surcharge in the form of a percentage of the claims paid by the insurance company, hospital service corporation, medical service corporation, health service corporation, or health maintenance organization which are attributable to the coverage of the employees of the board and their dependents for the time period from July 1 through the following June 30, except that if the commencement or the second anniversary date of the policy or contract occurs after July 1, the initial surcharge shall be prorated for the remainder of that year from July 1 through the following June 30. The surcharge shall be paid on or before December 31 of the time period for which it is payable in the manner prescribed hereinafter, except that if the commencement or second anniversary date of the policy or contract occurs on or after November 1, an estimated initial surcharge shall be paid no later than the end of the sixth month following the commencement or anniversary date of the policy or contract or July 1 following the commencement or anniversary date of the policy or contract, whichever is earlier, and the actual surcharge payable for the initial time period shall be determined and adjustments, if any, shall be made to the surcharge payable for the succeeding time period in the manner prescribed hereinafter.

The initial surcharge percentage for the time period July 1, 1993 through June 30, 1994 shall be 3.25%. The State Treasurer shall thereafter annually redetermine the surcharge percentage, which shall be the percentage of total claims paid for active employees and for retired employees receiving health care coverage under the State Health Benefits Program pursuant to section 3 of P.L.1987, c.384 (C.52:14-17.32f) or subsection a. of section 2 of P.L.1992, c.126 (C.52:14-17.32f1) who are not eligible for Medicare which is reasonably attributable to the excess claim cost for these retired employees. The State Treasurer shall annually provide an estimated

1 surcharge percentage based upon the claims paid for the 12 months 2 immediately preceding the time period for which the surcharge is 3 payable. Except as otherwise provided herein in the case of the 4 initial surcharge, each organization shall pay to the State Health 5 Benefits Program an estimated surcharge on or before December 31 6 of the time period for which the surcharge is payable, which shall 7 be the amount determined by multiplying the total claims paid by 8 the organization for the coverage for the 12 months immediately 9 preceding the time period for which the surcharge is payable by the 10 estimated surcharge percentage. Within three months after the time 11 period for which the surcharge is payable, the State Treasurer shall 12 determine the actual surcharge percentage for the time period based 13 upon the actual claims experience for the period. The surcharge for 14 the succeeding time period shall be increased or decreased, as 15 appropriate, by the difference between the estimated surcharge paid 16 and the surcharge due based upon the actual claims experience. 17

This section shall apply to any policy or contract in which the insurer has reserved the right to change the premium.

Beginning July 1, 2008, a reference to the State Health Benefits Program in this section shall mean the School Employees' Health Benefits Program, established pursuant to sections 31 through 41 of P.L., c. (C.)(pending before the Legislature as this bill).

23 (cf: P.L.1993, c.8, s.3)

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46. Section 8 of P.L.1961, c.49 (C.52:14-17.32) is amended to read as follows:

8. a. The [basic coverage and the major medical] health care benefits coverage of any employee, and the employee's dependents, if any, shall cease upon the discontinuance of the term of office or employment or upon cessation of active full-time employment subject to such regulations as may be prescribed by the commission for limited continuance of [basic coverage and major medical] coverage during disability, part-time employment, leave of absence or lay off, and for continuance of [basic coverage and major medical coverage after retirement, any such continuance after retirement to be provided at such rates and under such conditions as shall be prescribed by the commission, subject, however, to the requirements hereinafter set forth in this section. Notwithstanding the provisions of any law to the contrary, for law enforcement officers employed by the State for whom there is a majority representative for collective negotiation purposes, and for nonaligned sworn members of the Division of State Police who retire after July 1, 2005, the coverage options available to such employees in retirement shall be limited to those options that were available to the employee on the employee's last day of employment. The commission may also establish regulations prescribing an extension of coverage when an employee or dependent is totally disabled at termination of coverage.

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b. Rates payable by retired employees for themselves and their dependents, by active employees for dependents covered by medicare benefits, and by the State or other employer for an active employee alone covered by medicare benefits, shall be determined on the basis of utilization experience according to classifications determined by the commission, provided, however, that the total rate payable by such retired employee for the employee and the employee's dependents, or by such active employee for the employee's dependents and the State or other employer for such active employee alone, for coverage hereunder and for Part B of medicare, shall not exceed by more than 25%, as determined by the commission, the total amount which would have been required to have been paid by the employee and by the State or other employer for the coverage maintained had the employee continued in office or active employment and the employee and the employee's dependents were not eligible for medicare benefits. "Medicare" as used in this act means the coverage provided under Title XVIII of the Social Security Act as amended in 1965, or its successor plan or

c. (1) From funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if such employee retired from one or more State or locally-administered retirement systems on a benefit or benefits based in the aggregate on 25 years or more of nonconcurrent service credited in the retirement systems, excluding service credited under the Defined Contribution Retirement Program established pursuant to P.L.2007, c.92 (C.43:15C-1 et al.), and excepting the employee who elected deferred retirement, but including the employee who retired on a disability pension based on fewer years of service credited in the retirement systems and shall also reimburse such retired employee for the premium charges under Part B of the federal medicare program covering the retired employee and the employee's spouse. In the case of full-time employees of the Rutgers University Cooperative Extension Service, service credited in the federal Civil Service Retirement System (5 U.S.C.s.8331 et seq.) which was earned as a result of full-time employment at Rutgers University, may be considered alone or in combination with service credited in one or more State or locally-administered retirement systems for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section. Any full-time employee of the Rutgers University Cooperative Extension Service who meets the eligibility requirements set forth in this amendatory act shall be eligible for the benefits provided in this section, provided that at the time of retirement such employee was covered by the State Health Benefits Program and elected to continue such coverage into retirement.

- (2) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if: (a) the employee retires on or after the effective date of this 1987 amendatory act; (b) the employee was employed by Rutgers University prior to January 2, 1955 and remained in continuous service with Rutgers University until retirement even though the employee (i) did not join a State-administered retirement system, or, (ii) became a member of a State-administered retirement system, but accumulated less than 25 years of credited service; and (c) the employee is covered by the program at the time of retirement.
 - (3) Notwithstanding the provisions of this section to the contrary, in the case of an employee of a State college, as described in chapter 64 of Title 18A of the New Jersey Statutes, or of a county college, as defined in N.J.S.18A:64A-1, service credited in a private defined contribution retirement plan which was earned as an employee of an auxiliary organization, as defined in section 2 of P.L.1982, c.16 (C.18A:64-27), at a State or county college shall be considered in combination with service credited in a State-administered retirement system for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section, provided that the employee is covered by the program at the time of retirement.
 - (4) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and any dependents covered under the program, but not including survivors, if the employee: (a) retired prior to the effective date of this act, P.L.1997, c.335 (C.52:14-17.32), under the State Police Retirement System, established pursuant to P.L.1965, c.89 (C.53:5A-1 et seq.), with more than 20 but less than 25 years of service credit in the retirement system; (b) was subsequently employed by the State in another position or positions not covered by the State Police Retirement System; (c) has, in the aggregate, at least 30 years of full-time employment with the State; and (d) is covered by the program at the time of terminating full-time employment with the State.

40 (cf: P.L.2007, c.92, s.29)

- 42 47. Section 1 of P.L.1989, c.127 (C.52:14-17.32g) is amended to 43 read as follows:
- 1. Notwithstanding any other provisions of P.L.1961, c.49
 (C.52:14-17.25 et seq.) to the contrary, the [basic benefits and the major medical expense] health care benefits of any employee of an employer with at least three years of service under a permanent appointment with that employer and any dependent of the employee

may be continued and the premiums for the coverage may be paid by the employer during any approved leave of absence of the employee with or without pay, for a period of up to two years.

For the purposes of this section "employer" means a local board of education, regional board of education, county college, educational services commission, jointure commission, county special services school district, county vocational-technical school district, or any board or commission under the authority of the Commissioner of Education, or State Board of Education, as the case may be.

11 (cf: P.L.1989, c.127, s.1)

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48. (New section) Effective July 1, 2007, health care benefits for retired State employees and their dependents for which the State is required to pay the premiums or periodic charges under the "New Jersey State ["] Health Benefits Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.), shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient to pay the premiums or periodic charges for the benefits, they shall be paid directly by the State. Nothing herein above shall alter health care benefits for qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

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49. (New section) Effective July 1, 2007, health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1) and section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient '[or are not used]' to pay the premiums or periodic charges for the benefits, such premiums or periodic charges shall be

paid directly by the State. Nothing hereinabove shall alter health care benefits for qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

- ¹50. Section 5 of P.L.1950, c.270 (C.52:18A-83) is amended to read as follows:
 - 5. <u>a.</u> There is hereby established in the Division of Investment a State Investment Council which shall consist of [11] 13 members.
- Each of the following agencies, namely, the Board of Trustees of the Public Employees' Retirement System, the Board of Trustees of the State Police Retirement System, the Board of Trustees of the Teachers' Pension and Annuity Fund, and the Board of Trustees of the Police and Firemen's Retirement System of New Jersey [and the Consolidated Police and Firemen's Pension Fund Commission], shall [designate] elect one of [their] the active members of its retirement system, or one of the retirees of its retirement system who is receiving a retirement allowance, to serve as a member of the State Investment Council herein established. The [five] four members of the council so [selected] elected shall serve as such for a period of [one year] three years from the date of their [selection] election and until their respective successors are in like manner [selected] elected.
 - [Five] (2) Six of the [remaining] members of the State Investment Council shall be appointed by the Governor, with the advice and consent of the Senate, for a term of five years and shall serve until [his] the member's successor is appointed and has qualified.
 - (3) One member of the State Investment Council shall be appointed by the Governor from among three persons nominated jointly by the President of the Senate and the Speaker of the General Assembly and shall serve for a term of five years and until the member's successor is appointed and has qualified.
 - (4) One member of the State Investment Council shall be appointed by the Governor from among three persons nominated by the Public Employee Committee of the New Jersey State AFL-CIO and shall serve for a term of three years and until the member's successor is appointed and has qualified. If the persons nominated are not acceptable to the Governor for appointment, the Governor may request submission of new nominees.
- 40 (5) One member of the State Investment Council shall be
 41 appointed by the Governor from among three persons nominated by
 42 the New Jersey Education Association and shall serve for a term of
 43 three years and until the member's successor is appointed and has
 44 qualified. If the persons nominated are not acceptable to the
 45 Governor for appointment, the Governor may request submission of
 46 new nominees.

[At least four of the six] The two members appointed pursuant to paragraphs (4) and (5) of this subsection by the Governor to the council shall be qualified by training [and], experience [in the field of investment and finance or long-term interest in the direct management, analysis, supervision or investment of assets, and this training, experience or long-term interest shall have been supplemented by academic training in the fields of economics, business, law, finance or actuarial science or by actual employment in those fields.

At least five of the seven members appointed pursuant to paragraphs (2) and (3) of this subsection by the Governor to the council shall be qualified by training and experience in the direct management, analysis, supervision or investment of assets, which training and experience shall have been acquired through academic training or through actual employment in those fields.

<u>b.</u> No member of the State Investment Council shall hold any office, position or employment in any political party nor shall any such member benefit directly or indirectly from any transaction made by the Director of the Division of Investment provided for herein.

The members of the council shall elect annually from their number a chairman of such council. Any member of the council so elected shall serve as such chairman for a term of one year and until [his] a successor is, in like manner, elected. The chairman of the council shall be its presiding officer.

The members of the council shall serve without compensation but shall be reimbursed for necessary expenses incurred in the performance of their duties as approved by the chairman of the council. The members of the council shall be required to file the same annual financial disclosure statements as those required to be filed by members of other State boards and commissions who are not compensated for their services, as such statements shall be required by law or executive order of the Governor. The financial disclosure statements of council members shall be made available to the public in the same manner as the statements of members of other State boards and commissions are made available to the public.

Each member of the council, except the member appointed from among persons nominated by the President of the Senate and the Speaker of the General Assembly, may be removed from office by the Governor, for cause, upon notice and opportunity to be heard at a public hearing. Any vacancy in the membership of the council occurring other than by expiration of term shall be filled in the same manner as the original appointment, but for the unexpired term only.

c. The terms of the members of the council serving on the effective date specified for this section of P.L., c. (pending before the Legislature as this bill), other than the five members

1 appointed by the Governor with the advice and consent of the

- 2 Senate to serve for terms of five years and the one member
- 3 appointed by the Governor from persons nominated jointly by the
- 4 President of the Senate and the Speaker of the General Assembly to
- 5 serve for a term of five years, are terminated as of that effective
- 6 date. A member terminated pursuant to this subsection shall be
- 7 <u>eligible for reappointment.</u>¹
- 8 (cf: P.L.1992, c.41, s.32)

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- 10 ¹51. Section 13 of P.L.1950, c.270 (C.52:18A-91) is amended to read as follows:
- 13. a. The State Investment Council shall consult with the 12 13 Director of the Division of Investment from time to time with 14 respect to the work of the division. It shall have access to all files 15 and records of the division and may require any officer or 16 employee therein to provide such information as it may deem 17 necessary in the performance of its functions. The council shall 18 have authority to inspect and audit the respective accounts and 19 funds administered through the Division of Investment. It shall 20 formulate and establish, and may from time to time amend, modify 21 or repeal, such policies as it may deem necessary or proper, which 22 shall govern the methods, practices or procedures for investment, 23 reinvestment, purchase, sale or exchange transactions to be 24 followed by the Director of the Division of Investment established 25 hereunder.
 - b. On or before January first of each year, and at such other times as it may deem in the public interest, the council shall report to the Governor, the Legislature, and the State Treasurer with respect to its work and the work of the Division of Investment. In addition to the reports specified above and in section 14 of P.L.1950, c.270 (C.52:18A-92), the council shall issue a report by March 1 of each year on the investment activities for the prior calendar year, which shall include a summary of the current investment policies and strategies of the council and those in effect during the prior calendar year, a detailed summary for each financial product of the amount invested, whether the investments were made by employees of the Division of Investment or by external managers, performance benchmarks, and actual performance during the calendar year. The report shall be submitted to the Governor, the Legislature, and the State Treasurer, and shall be made available to the public through the official Internet site of the State.
 - c. The council shall hold a meeting each year that shall be open to the public, and shall accept comments from the public at such a meeting. The matters that shall be open to discussion and public comment during this annual meeting shall include the investment policies and strategies of the council, the investment activities of the council, the financial disclosures statements filed by council

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1 members, and the certification of contributions filed by external 2 managers, as well as other appropriate matters concerning the 3 operations, activities and reports of the council.

d. An external manager shall be required to file a certification before being retained, and annually thereafter, that discloses the political contributions made, during the 12 months preceding the certification, by the manager or the manager's firm, or a political committee in which the manager or firm was active. The certification shall specify the political contributions made to candidates for elective public office in this State and any political committee established for the support of such candidates, and contributions made for the transition and inaugural expenses of any candidate who is elected to public office. As used in this subsection, "contribution" and "political committee" shall have the meaning set forth in "The New Jersey Campaign Contributions and Expenditures Reporting Act," P.L.1973, c.83 (C.19:44A-1 et seq.). This certification shall be in addition to any other such disclosure required by law or executive order of the Governor.

(cf: P.L.1950, c.270, s.13)

¹[50.] 52.¹ This act shall take effect immediately, except that sections ¹[11] 12¹ through 16, inclusive, shall take effect July 1, 2007, and sections 27 through 29, inclusive, shall take effect July 1, 2008, and sections 31 through 41, inclusive, shall take effect immediately and shall be implemented as soon as practicable as determined by the School Employees' Health Benefits Commission so that the School Employees' Health Benefits Program shall be operational as of July 1, 2008 ¹, and sections 50 and 51 shall take effect on the 30th day after enactment but such anticipatory action may be taken in advance thereof as shall be necessary for the implementation of the sections ¹.

Changes PERS, TPAF and DCRP contribution rates and new employees' compensation base and retirement age; implements changes to SHBP and transfer of education employees to School Employees' Health Benefits Program; modifies State Investment Council.

ASSEMBLY, No. 5005

STATE OF NEW JERSEY

212th LEGISLATURE

INTRODUCED JUNE 14, 2007

Sponsored by:

Assemblyman JOSEPH J. ROBERTS, JR. District 5 (Camden and Gloucester)
Assemblywoman NELLIE POU
District 35 (Bergen and Passaic)
Assemblyman THOMAS P. GIBLIN
District 34 (Essex and Passaic)
Assemblyman KEVIN J. O'TOOLE
District 40 (Bergen, Essex and Passaic)

SYNOPSIS

Changes PERS, TPAF and DCRP contribution rates and new employees' compensation base and retirement age; implements SHBP transition to preferred provider plans and transfer of educational employees to School Employees' Health Benefits Program.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/19/2007)

1 AN ACT concerning the Public Employees' Retirement System of 2 New Jersey, the Teachers' Pension and Annuity Fund, the 3 Defined Contribution Retirement Program, and the State Health 4 Benefits Program, revising various parts of the statutory law and 5 supplementing P.L.1961, c.49 (C.52:14-17.25 et seq.).

6 7

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

8 9 10

- 1. N.J.S.18A:66-29 is amended to read as follows:
- 11 18A:66-29. Members enrolled in the retirement system on or 12 after July 1, 1994 shall contribute 5% of compensation to the 13 system. Members enrolled in the system prior to July 1, 1994 shall contribute 5% of compensation to the system effective with the 14 15 payroll period for which the beginning date is closest to July 1, 16 1995, provided, however, that any member enrolled before July 1, 17 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of 18 19 compensation to the system effective with the payroll period for 20 which the beginning date is closest to July 1, 1995, and 5% of 21 compensation to the system effective with the payroll period for 22 which the beginning date is closest to July 1, 1996.
 - Members enrolled in the retirement system on or after July 1, 2007 shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007.

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(cf: P.L.1994, c.62, s.4)

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- 31 2. Section 25 of P.L.1954, c.84 (C.43:15A-25) is amended to 32 read as follows:
 - 25. The annuity savings fund shall be the fund in which shall be credited accumulated deductions and contributions by members or on their behalf to provide for their allowances. A single account shall be established in this fund for each person who is or shall become a member and all contributions deducted from each such member's compensation shall be credited to his account regardless of the number of positions a member might hold or the number of employers as he might have.
- 41 Members enrolled in the retirement system on or after July 1, 42 1994 shall contribute 5% of compensation to the system. Members 43 enrolled in the system prior to July 1, 1994 shall contribute 5% of 44 compensation to the system effective with the payroll period for 45 which the beginning date is closest to July 1, 1995, provided,

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

however, that any member enrolled before July 1, 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, and 5% of compensation to the system effective with the payroll period for which the beginning date is

Members enrolled in the retirement system on or after July 1, 2007 shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007.

The retirement system shall certify to each State department or subdivision thereof, and to each branch of the State service not included in a State department, and to every other employer, the proportion of each member's compensation to be deducted and to facilitate the making of deductions the retirement system may modify the deduction required by a member by such an amount as shall not exceed 1/10 of 1% of the compensation upon the basis of which the deduction is to be made.

If payment in full, representing the monthly or biweekly transmittal and report of salary deductions, is not made within 15 days of the due date established by the retirement system, interest at the rate of 6% per annum shall commence to run against the total transmittal of salary deductions for the period on the first day after such fifteenth day.

Every employee to whom this act applies shall be deemed to consent and agree to any deduction from his compensation required by this act and to all other provisions of this act. Notwithstanding any other law, rule or regulation affecting the salary, pay, compensation, other perquisites, or tenure of a person to whom this act applies, or shall apply, and notwithstanding that the minimum salary, pay, or compensation or other perquisites provided by law for him shall be reduced thereby, payment, less such deductions, shall be a full and complete discharge and acquittance of all claims and demands for service rendered by him during the period covered by such payment.

39 (cf: P.L.1994, c.62, s.9)

closest to July 1, 1996.

- 3. Section 2 of P.L.1972, c.167 (C.43:15A-136) is amended to read as follows:
- 2. Notwithstanding the provisions of P.L.1954, c. 84, s. 25 (C. 43:15A-25), (a) a separate account shall be established in the annuity savings fund for each member of the Legislature and all contributions based on legislative salaries shall be credited to this account as distinguished from any other account that the legislator may have as a result of other public service covered by the

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retirement system; and (b) the member of the Legislature shall contribute at a rate equal to 5% of his legislative salary, which contribution shall be deducted from his salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the member's legislative salary beginning July 1, 2007.

A member of the Legislature who is enrolled on the basis of other public service before, during, or after his service as a member of the Legislature shall contribute for such other service at the rate of contribution required of other members as provided by section 25.

(cf: P.L.1972, c.167, s.2)

- 4. Section 3 of P.L.1972, c.167 (C.43:15A-137) is amended to read as follows:
- 3. Notwithstanding any other law regarding the purchase of service credit in the retirement system, a member of the Legislature may purchase credit for all previous legislative service by paying into the annuity savings fund 5%, and 5.5% after July 1, 2007, of the salaries he received in such prior periods, in which event he shall agree to make such purchase within 1 year after the effective date of this supplementary act or during the first year of membership as a member of the Legislature; if the request for the purchase is received beyond the 1-year period, interest shall be added to the amount of the arrearage obligation at the regular interest rate. The purchase of such credit may be by lump sum or in regular installments over a maximum period of 10 years.

In the case of any member of the Legislature coming under the provisions of this section, full pension credit for the period of service for which arrears are being paid by the member shall be given upon the payment of at least 1/2 of the total arrearage obligation and the completion of 1 year of membership and the making of such arrears payments, except that in the case of retirement pursuant to P.L.1954, c. 84, sections 38, 41(b), 48 and 61 and to the provisions of this supplementary act, the total membership credit for such service shall be in direct proportion as the amount paid bears to the total amount of the arrearage obligation of the member.

The contributions of all members of the Legislature related to their legislative service shall be adjusted for all years prior to the effective date of this supplementary act to determine either an overpayment or shortage in the separate account, requiring the payment of contributions at the percentage of salary provided for in this section. Overpayments shall be refunded and shortages shall be established as arrearage obligations to be satisfied in the same 1 manner as any other arrearage obligation established pursuant to 2 this section.

No member shall receive credit for any legislative service for which he has not contributed as required by this section.

(cf: P.L.1972, c.167, s.3)

- 5. Section 3 of P.L.2001, c.259 (C.43:15A-144) is amended to read as follows:
- 3. a. Notwithstanding the provisions of section 25 of P.L.1954, c.84 (C.43:15A-25) to the contrary, a separate account shall be established in the annuity savings fund for each workers compensation judge and all contributions based on the judge's salary shall be credited to this account. This account shall be separate from any other account that the member may have as a result of other public service covered by the retirement system.
- b. A workers compensation judge shall contribute at a rate equal to 5% of the judge's salary, which contribution shall be deducted from the salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the judge's salary effective with the payroll period for which the beginning date is closest to July 1, 2007.
- c. A workers compensation judge who is enrolled on the basis of other public service before, during, or after service as a judge of compensation shall contribute for such other service at the rate of contribution required of other members as provided by section 25. (cf: P.L.2001, c.259, s.3)

- 6. Section 3 of P.L.2007, c.92 (C.43:15C-3) is amended to read as follows:
- 3. a. The employer shall reduce the compensation of each participant in the Defined Contribution Retirement Program and pay over to the plan provider for the benefit of the participant an employee contribution for the retirement benefit contract or contracts equal to [5%] 5.5% of the participant's base salary. At the option and request of a participant, the employer shall reduce the compensation of the participant for additional contributions as permitted by the federal Internal Revenue Code. The intervals for reductions and payments shall be determined by the Division of Pensions and Benefits.
- All participant contributions shall be made in accordance with section 414(h) of the federal Internal Revenue Code (26 U.S.C. s.414(h)).
- b. The employer shall make payment of the employer contributions to the program at a rate equal to 3% of the employee's base salary, which moneys shall be paid to the designated provider for the benefit of each participant. Additionally, employers shall

pay their share of the administrative costs of the program. The intervals for all payments and the allocation of administrative costs shall be determined by the Division of Pensions and Benefits including due dates and penalties for non compliance.

c. No employer contributions shall be vested in a participant until after the participant commences the second year of employment unless the participant, at the time of initial employment, either (1) participates in a program substantially similar to the retirement program, or (2) is a member of another State-administered pension fund or retirement system.

(cf: P.L.2007, c.92, s.3)

7. N.J.S.18A:66-37 is amended to read as follows:

18A:66-37. Should a member resign after having established 25 years of creditable service before reaching age 60, [he] the member may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof [he] the member desires to be retired. [He] The member shall receive, in lieu of the payment provided in N.J.S.18A:66-34, an annuity which is the actuarial equivalent of [his] the member's accumulated deductions and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of [his] the member's final compensation for each year of service credited as class A service and 1/55 of [his] the member's final compensation for each year of service, calculated in accordance with N.J.S.18A:66-44, reduced:

(a) by 1/4 of 1% for each month that the member lacks of being age 55; or

(b) for a person who becomes a member of the retirement system on or after July 1, 2007, by 1/4 of 1% for each month that the member lacks of being age 55 and by 1/12 of 1% for each month that the member lacks of being age 60 but over age 55; provided, however, that upon the receipt of proper proofs of the death of such a member there shall be paid to [his] the member's beneficiary an amount equal to 3/16 of the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service or in the year of the member's highest contractual salary, whichever is higher.

Subparagraph (b) of this section shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to N.J.S.18A:66-15.1, but shall apply to a former member of the retirement system who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming

employed again in a position that makes the person eligible to be a
 member of the retirement system.

The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.

(cf: P.L.2001, c.133, s.5)

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- 8. Section 41 of P.L.1954, c.84 (C.43:15A-41) is amended to read as follows:
- 10 41. a. A member who withdraws from service or ceases to be an 11 employee for any cause other than death or retirement shall, upon 12 the filing of an application therefor, receive all of his accumulated deductions standing to the credit of his individual account in the 13 14 annuity savings fund, plus regular interest, less any outstanding loan, except that for any period after June 30, 1944, the interest 15 16 payable shall be such proportion of the interest determined at the 17 regular rate of 2% per annum bears to the regular rate of interest, 18 and except that no interest shall be payable in the case of a member 19 who has less than three years of membership credit for which he has 20 made contributions. He shall cease to be a member two years from 21 the date he discontinued service as an eligible employee, or, if prior 22 thereto, upon payment to him of his accumulated deductions. If any 23 such person or member shall die before withdrawing or before 24 endorsing the check constituting the return of his accumulated 25 deductions, such deductions shall be paid to the member's 26 beneficiary. No member shall be entitled to withdraw the amounts 27 contributed by his employer covering his military leave unless he 28 shall have returned to the payroll and contributed to the retirement 29 system for a period of 90 days.
 - b. Should a member resign after having established 25 years of creditable service before reaching age 60, he may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof he desires to be retired. He shall receive, in lieu of the payment provided in subsection a. of this section, an annuity which is the actuarial equivalent of his accumulated deductions together with regular interest, and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of his final compensation for each year of service credited as Class A service and 1/55 of his final compensation for each year of service credited as Class B service, calculated in accordance with section 48 (C. 43:15A-48) of this act, reduced:
- 44 (a) by 1/4 of 1% for each month that the member lacks of being 45 age 55; or
- 46 (b) for a person who becomes a member of the retirement system
 47 on or after July 1, 2007, by 1/4 of 1% for each month that the
 48 member lacks of being age 55 and by 1/12 of 1% for each month

- 1 that the member lacks of being age 60 but over age 55; provided,
- 2 however, that upon the receipt of proper proofs of the death of such
- a member there shall be paid to his beneficiary an amount equal to
- 4 three-sixteenths of the compensation upon which contributions by
- 5 the member to the annuity savings fund were based in the last year
- 6 of creditable service.
- Paragraph (b) of this subsection shall not apply to a person who
- 8 <u>at the time of enrollment in the retirement system on or after July 1,</u>
- 9 <u>2007 transfers service credit from another State-administered</u>
- 10 retirement system pursuant to section 14 of P.L.1954, c.84
- 11 (C.43:15A-14), but shall apply to a former member of the
- 12 retirement system who has been granted a retirement allowance and
- is reenrolled in the retirement system on or after July 1, 2007
- 14 pursuant to section 27 of P.L.1966, c.217 (C.43:15A-57.2) after
- 15 <u>becoming employed again in a position that makes the person</u>
- 16 <u>eligible to be a member of the retirement system.</u>
 - The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.
 - c. Upon the receipt of proper proofs of the death of a member in service on account of which no accidental death benefit is payable under section 49 there shall be paid to such member's beneficiary:
 - (1) The member's accumulated deductions at the time of death together with regular interest; and
 - (2) An amount equal to one and one-half times the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service.
- 30 (cf: P.L.2001, c.133, s.12)

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- 9. N.J.S.18A:66-2 is amended to read as follows:
- 33 18A:66-2. As used in this article:
 - a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or in behalf of the member, including interest credited to January 1, 1956, standing to the credit of the member's individual account in the annuity savings fund.
- b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this article.
- 41 c. "Beneficiary" means any person receiving a retirement 42 allowance or other benefit as provided in this article.
- d. (1) "Compensation" means the contractual salary, for services as a teacher as defined in this article, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration

for performing temporary or extracurricular duties beyond the regular school day or the regular school year.

- 3 (2) In the case of a person who becomes a member of the 4 retirement system on or after July 1, 2007, "compensation" means 5 the amount of the contractual salary equivalent to the annual 6 maximum wage contribution base for Social Security, pursuant to 7 the federal Insurance Contributions Act, for services as a teacher as 8 defined in this article, which is in accordance with established salary policies of the member's employer for all employees in the 9 10 same position but shall not include individual salary adjustments 11 which are granted primarily in anticipation of the member's 12 retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular school day or the regular 13 14 school year. This paragraph shall not apply to a person who at the 15 time of enrollment in the retirement system on or after July 1, 2007 16 transfers service credit from another State-administered retirement 17 system pursuant to N.J.S.18A:66-15.1, but shall apply to a former 18 member of the retirement system who has been granted a retirement 19 allowance and is reenrolled in the retirement system on or after July 20 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming employed 21 again in a position that makes the person eligible to be a member of 22 the retirement system.
 - e. "Employer" means the State, the board of education or any educational institution or agency of or within the State by which a teacher is paid.

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- f. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
- g. "Fiscal year" means any year commencing with July 1, and ending with June 30, next following.
- h. "Pension" means payments for life derived from appropriations made by the State or employers to the Teachers' Pension and Annuity Fund.
 - i. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this article, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- j. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted to a member from the Teachers' Pension and Annuity Fund, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.

1 k. "Present-entrant" means any member of the Teachers' 2 Pension and Annuity Fund who had established status as a "present-3 entrant member" of said fund prior to January 1, 1956.

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- l. "Rate of contribution initially certified" means the rate of contribution certified by the retirement system in accordance with N.J.S.18A:66-29.
- 7 m. "Regular interest" shall mean interest as determined by the 8 State Treasurer, after consultation with the Directors of the 9 Divisions of Investment and Pensions, the board of trustees and the 10 actuary. It shall bear a reasonable relationship to the percentage 11 rate of earnings on investments based on the market value of assets 12 but shall not exceed the assumed percentage rate of increase applied 13 to salaries plus 3%, provided however that the board of trustees 14 shall not set the average percentage rate of increase applied to 15 salaries below 6%.
 - n. "Retirement allowance" means the pension plus the annuity.
 - o. "School service" means any service as a "teacher" as defined in this section.
 - p. "Teacher" means any regular teacher, special teacher, helping teacher, teacher clerk, principal, vice-principal, supervisor, supervising principal, director, superintendent, city superintendent, assistant city superintendent, county superintendent, Commissioner or Assistant Commissioner of Education, members of the State Department of Education who are certificated, unclassified professional staff and other members of the teaching or professional staff of any class, public school, high school, normal school, model school, training school, vocational school, truant reformatory school, or parental school, and of any and all classes or schools within the State conducted under the order and superintendence, and wholly or partly at the expense of the State Board of Education, of a duly elected or appointed board of education, board of school directors, or board of trustees of the State or of any school district or normal school district thereof, and any persons under contract or engagement to perform one or more of these functions. It shall also mean any person who serves, while on an approved leave of absence from regular duties as a teacher, as an officer of a local, county or State labor organization which represents, or is affiliated with an organization which represents, teachers as defined in this subsection. No person shall be deemed a teacher within the meaning of this article who is a substitute teacher. In all cases of doubt the board of trustees shall determine whether any person is a teacher as defined in this article.
 - q. "Teachers' Pension and Annuity Fund," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this article, including the several funds placed under said system. By that name all its business shall be transacted, its funds invested, warrants for money drawn, and

payments made and all of its cash and securities and other property held.

- 3 "Veteran" means any honorably discharged officer, soldier, 4 sailor, airman, marine or nurse who served in any Army, Air Force 5 or Navy of the Allies of the United States in World War I between 6 July 14, 1914, and November 11, 1918, or who served in any Army, 7 Air Force or Navy of the Allies of the United States in World War 8 II, between September 1, 1939, and September 2, 1945, and who 9 was inducted into such service through voluntary enlistment, and 10 was a citizen of the United States at the time of such enlistment, and 11 who did not, during or by reason of such service, renounce or lose 12 United States citizenship, and any officer, soldier, sailor, marine, 13 airman, nurse or army field clerk who has served in the active military or naval service of the United States and has or shall be 14 15 discharged or released therefrom under conditions other than 16 dishonorable, in any of the following wars, uprisings, insurrections, 17 expeditions or emergencies, and who has presented to the retirement
 - (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;

system evidence of such record of service in form and content

satisfactory to said retirement system:

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- (2) The Spanish-American War between April 20, 1898, and April 11, 1899;
- (3) The Philippine insurrections and expeditions during the periods recognized by the War Department of the United States as of active hostility from February 4, 1899, to the end of 1913;
- 28 (4) The Peking relief expedition between June 20, 1900, and 29 May 27, 1902;
- 30 (5) The army of Cuban occupation between July 18, 1898, and 31 May 20, 1902;
- (6) The army of Cuban pacification between October 6, 1906,and April 1, 1909;
- (7) The Mexican punitive expedition between March 14, 1916,and February 7, 1917;
- 36 (8) The Mexican border patrol, having actually participated in 37 engagements against Mexicans between April 12, 1911, and June 38 16, 1919;
- 39 (9) World War I, between April 6, 1917, and November 11, 40 1918;
- 41 (10) World War II, between September 16, 1940, and December 42 31, 1946, who shall have served at least 90 days in such active 43 service, exclusive of any period of assignment (1) for a course of 44 education or training under the Army Specialized Training Program 45 or the Navy College Training Program, which course was a 46 continuation of a civilian course and was pursued to completion, or 47 (2) as a cadet or midshipman at one of the service academies, any 48 part of which 90 days was served between said dates; provided that

any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;

- (11) Korean conflict on or after June 23, 1950, and on or prior to January 31, 1955, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided; and provided further that any member classed as a veteran pursuant to this subsection prior to August 1, 1966, shall continue to be classed as a veteran, whether or not that person completed the 90-day service between said dates as herein provided;
- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict, on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days

commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of

inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of the operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is latest; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;
- (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998, and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
- (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the

President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

- s. "Child" means a deceased member's unmarried child either (a) under the age of 18 or (b) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- t. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- u. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before

- the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
 - (2) Subject to the provisions of paragraph (3) of this subsection, "widow," for employees of public employers other than the State, means the woman to whom a member was married at least five years before the date of his death and to whom he continued to be married until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow shall be considered terminated by the marriage of the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
 - (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
 - v. "Parent" means the parent of a member who was receiving at least one-half of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
 - w. "Medical board" means the board of physicians provided for in N.J.S.18A:66-56.
 - x. (1) "Spouse," for employees of the State, means the husband or wife, or domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), of a member.
 - (2) Subject to the provisions of paragraph (1) of this subsection, "spouse," for employees of public employers other than the State, means the husband or wife of a member.
 - (3) A public employer other than the State may adopt a resolution providing that the term "spouse" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- 44 (cf: P.L.2005, c.64, s.2)

- 10. Section 6 of P.L.1954, c.84 (C.43:15A-6) is amended to read as follows:
 - 6. As used in this act:

a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or on behalf of the member, standing to the credit of the member's individual account in the annuity savings fund.

- b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this act.
- c. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this act, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- d. "Beneficiary" means any person receiving a retirement allowance or other benefit as provided in this act.
- e. "Child" means a deceased member's unmarried child either (1) under the age of 18 or (2) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- f. "Parent" shall mean the parent of a member who was receiving at least 1/2 of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
- g. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the

payment of an accidental death benefit, the five-year qualification shall be waived.

- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- h. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
 - i. "Fiscal year" means any year commencing with July 1 and ending with June 30 next following.
- j. "Medical board" shall mean the board of physicians provided for in section 17 (C.43:15A-17).
 - k. "Pension" means payments for life derived from appropriations made by the employer as provided in this act.
 - l. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted under the provisions of this act, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
 - m. "Public Employees' Retirement System of New Jersey," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this act including the several funds placed under said system. By that name all of its business shall be transacted, its funds invested, warrants for money drawn, and payments made and all of its cash and securities and other property held.
- n. "Regular interest" shall mean interest as determined by the State Treasurer, after consultation with the Directors of the Divisions of Investment and Pensions, the board of trustees and the actuary. It shall bear a reasonable relationship to the percentage rate of earnings on investments based on the market value of the assets but shall not exceed the assumed percentage rate of increase applied to salaries plus 3%, provided however that the board of trustees shall not set the average percentage rate of increase applied to salaries below 6%.
- o. "Retirement allowance" means the pension plus the annuity.
- p. "Veteran" means any honorably discharged officer, soldier, sailor, airman, marine or nurse who served in any Army, Air Force or Navy of the Allies of the United States in World War I, between July 14, 1914, and November 11, 1918, or who served in any Army, Air Force or Navy of the Allies of the United States in World War

- 1 II, between September 1, 1939, and September 2, 1945, and who
- 2 was inducted into such service through voluntary enlistment, and
- 3 was a citizen of the United States at the time of such enlistment, and
- 4 who did not, during or by reason of such service, renounce or lose
- 5 United States citizenship, and any officer, soldier, sailor, marine,
- 6 airman, nurse or army field clerk, who has served in the active
- 7 military or naval service of the United States and has or shall be
- 8 discharged or released therefrom under conditions other than
- 9 dishonorable, in any of the following wars, uprisings, insurrections, 10 expeditions, or emergencies, and who has presented to the
- retirement system evidence of such record of service in form and
- 12 content satisfactory to said retirement system:

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- (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;
- 16 (2) The Spanish-American War between April 20, 1898, and 17 April 11, 1899;
- 18 (3) The Philippine insurrections and expeditions during the 19 periods recognized by the War Department of the United States as 20 of active hostility from February 4, 1899, to the end of 1913;
- 21 (4) The Peking relief expedition between June 20, 1900, and 22 May 27, 1902;
- 23 (5) The army of Cuban occupation between July 18, 1898, and 24 May 20, 1902;
 - (6) The army of Cuban pacification between October 6, 1906, and April 1, 1909;
 - (7) The Mexican punitive expedition between March 14, 1916, and February 7, 1917;
- 29 (8) The Mexican border patrol, having actually participated in 30 engagements against Mexicans between April 12, 1911, and June 31 16, 1919;
- 32 (9) World War I, between April 6, 1917, and November 11, 33 1918;
- 34 (10) World War II, between September 16, 1940, and December 35 31, 1946, who shall have served at least 90 days in such active 36 service, exclusive of any period of assignment (1) for a course of 37 education or training under the Army Specialized Training Program 38 or the Navy College Training Program which course was a 39 continuation of a civilian course and was pursued to completion, or 40 (2) as a cadet or midshipman at one of the service academies any 41 part of which 90 days was served between said dates; provided, that 42 any person receiving an actual service-incurred injury or disability 43 shall be classed as a veteran whether or not that person has
- completed the 90-day service as herein provided;
 (11) Korean conflict on or after June 23, 1950, and on or prior to
 January 31, 1955, who shall have served at least 90 days in such
 active service, exclusive of any period of assignment (1) for a
 course of education or training under the Army Specialized

Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90-day service as herein provided; and provided further, that any member classed as a veteran pursuant to this paragraph prior to August 1, 1966, shall continue to be classed as a veteran whether or not that person completed the 90-day service between said dates as herein provided;

- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90 days' service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

(15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is the latest;

provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;
- (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998 and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
- (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

- q. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least 1/2 of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widow," for employees of public employers other than the State, means the woman to whom a member was married at least five years before the date of his death and to whom he continued to be married until the date of his death and who was receiving at least 1/2 of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow shall be considered terminated by the marriage of the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widow" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- r. (1) "Compensation" means the base or contractual salary, for services as an employee, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular workday or the regular work year.
- (2) In the case of a person who becomes a member of the retirement system on or after July 1, 2007, "compensation" means the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for services as an employee, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted

primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular workday or the regular work year. This paragraph shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to section 14 of P.L.1954, c.84 (C.43:15A-14), but shall apply to a former member of the retirement system who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 pursuant to section 27 of P.L.1966, c.217 (C.43:15A-57.2) after becoming employed again in a position that

In cases where salary includes maintenance, the retirement system shall fix the value of that part of the salary not paid in money which shall be considered under this act.

makes the person eligible to be a member of the retirement system.

(cf: P.L.2005, c.64, s.3)

- 11. Section 1 of P.L.2007, c.92 (C.43:15C-1) is amended to read as follows:
- 1. There is hereby established in the Department of the Treasury a Defined Contribution Retirement Program. The program design shall be one that is permitted for governmental plans under the federal Internal Revenue Code as determined by the State Treasurer. The retirement program is deemed to be a pension fund or retirement system for purposes of P.L.1968, c.23 (C.43:3C-1 et seq.). For the purposes of the Defined Contribution Retirement Program:

"Base salary" means a participant's regular base salary; except that for a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), it shall mean the excess over the maximum compensation as specified in that paragraph. It shall exclude overtime or other forms of extra compensation, including but not limited to, longevity lump sum payments, lump sum terminal sick leave or vacation pay, the value of maintenance, individual pay adjustments made within or at the conclusion of the participant's final year of service, retroactive salary adjustments or other pay adjustments made in the participant's final year of service unless the adjustment was made as a result of a general pay adjustment for all personnel of the public office or agency in which the participant is employed, or any unscheduled individual adjustment made in the final year to place the participant at the maximum salary level within salary range.

"Employer" means the State or a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or a subdivision, that pays the base salary of a participant for services rendered by the participant.

"Retirement program" means the Defined Contribution

1 Retirement Program established by this section.

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2 (cf: P.L.2007, c.92, s.1)
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- 12. Section 2 of P.L.2007, c.92 (C.43:15C-2) is amended to read as follows:
 - 2. a. The following persons shall be eligible and shall participate in the Defined Contribution Retirement Program.
 - (1) A person who commences service on or after the effective date of this section of P.L.2007, c.92 (C.43:15C-1 et al.) in an elective public office of this State or of a political subdivision thereof, except that it shall not include a person who holds elective public office on the effective date of this section and is enrolled in the Public Employees' Retirement System while that person continues to hold that elective public office without a break in service. Service in the Legislature shall be considered a single elective public office.
 - (2) A person who commences service on or after the effective date of this section in an employment, office or position of the State or of a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or of a subdivision, pursuant to an appointment by the Governor that requires the advice and consent of the Senate, or pursuant to an appointment by the Governor to serve at the pleasure of the Governor only during his or her term of office. This paragraph shall not be deemed to include a person otherwise eligible for membership in the State Police Retirement System or the Judicial Retirement System.
 - (3) A person who commences service on or after the effective date of this section in an employment, office or position in a political subdivision of the State, or an agency, board, commission, authority or instrumentality of a subdivision, pursuant to an appointment by an elected public official or elected governing body, that requires the specific consent or approval of the elected governing body of the political subdivision that is substantially similar in nature to the advice and consent of the Senate for appointments by the Governor of the State as that similarity is determined by the elected governing body and set forth in an adopted ordinance or resolution, pursuant to guidelines or policy that shall be established by the Local Finance Board in the Department of Community Affairs or the Department of Education, as appropriate to the elected governing body. This paragraph shall not be deemed to include a person otherwise eligible for membership in the Teachers' Pension and Annuity Fund or the Police and Firemen's Retirement System, or a person who is employed or appointed in the regular or normal course of employment or appointment procedures and consented to or approved in a general or routine manner appropriate for and followed by the political subdivision, or the agency, board,

commission, authority or instrumentality of a subdivision, or a person who holds a professional license or certificate to perform and is performing as a certified health officer, tax assessor, tax collector, municipal planner, chief financial officer, registered municipal clerk, construction code official, licensed uniform subcode inspector, qualified purchasing agent, or certified public works manager.

- (4) A person who is granted a pension or retirement allowance under any pension fund or retirement system established under the laws of this State and elects to participate pursuant to section 1 of P.L.1977, c.171 (C.43:3C-3) upon being elected to public office.
- (5) A member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System for whom compensation is defined as the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for contribution and benefit purposes in either of those retirement systems, for whom participation in this retirement program shall be with regard to any excess over the maximum compensation only.
- b. No person shall be eligible to participate in the retirement program with respect to any public employment, office, or position if:
- (1) the base salary for that employment, office, or position is less than \$1,500 per year;
- (2) the person is, on the basis of service in that employment, office, or position, eligible for membership or enrolled as a member of another State or locally-administered pension fund or retirement system established under the laws of this State including the Alternate Benefit Program, except as otherwise specifically provided in subsection a. of this section;
- (3) the person is receiving a benefit as a retiree from any other State or locally-administered pension fund or retirement system established under the laws of this State, except as provided in section 1 of P.L.1977, c.171 (C.43:3C-3); or
- (4) the person is an officer or employee of a political subdivision of this State or of a board of education, or of any agency, authority or instrumentality thereof, who is ineligible for membership in the Public Employees' Retirement System pursuant to section 20 of P.L.2007, c.92 (C.43:15A-7.2).
- c. A person eligible and required to participate in the retirement program whose base salary is less than \$5,000 may at the commencement of service in an employment, office or position, or a person eligible and required to participate in the retirement program pursuant to paragraph (5) of subsection a. of this section may, irrevocably elect to waive participation with regard to that employment, office, or position by filing, at the time and on a form required by the division, a written waiver with the Division of Pensions and Benefits that waives all rights and benefits that would

1 otherwise be provided by the retirement program.

- d. Service credited to a participant in the Defined Contribution Retirement Program shall not be recognized as service credit to determine eligibility for employer-paid health care benefits in retirement pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.), N.J.S.40A:10-16 et seq., P.L.1979, c.391 (C.18A:16-12 et seq.) or any other law, rule or regulation.
- 8 (cf: P.L.2007, c.92, s.2)

- 13. Section 7 of P.L.2007, c.92 (C.43:15C-7) is amended to read as follows:
- 7. The benefit under a group contract or contracts providing life insurance shall be in an amount equal to one and one-half the base annual salary of the participant in the retirement program, except that in the event of death after retirement, the amount payable shall equal 3/16 of the participant's base annual salary. "Base annual salary" means the base salary upon which contributions by the participant and the participant's employer to the retirement program were based during the last year of creditable service.

For purposes of this section, a participant shall be deemed to be in service and covered by the group life insurance for a period of official leave of absence without pay when such leave is due to illness or any reason other than illness, with such period to be determined by the Division of Pensions and Benefits, if satisfactory evidence is presented to the division of such official leave of absence. A participant shall be deemed to be on an official leave of absence only if the leave is formally approved by the employer prior to the time the leave commenced and timely notice is filed by the employer with the division. If timely notice is not filed, the employer shall be responsible for the payment of any benefits pursuant to this section if the participant was otherwise eligible for such benefits.

In the event of the death of a participant in active service in the first year of participation as a result of an accident met in the actual performance of duty at some definite time and place, the death benefit payable pursuant to this section shall be computed at the annual rate of base salary.

No beneficiary of a retired participant shall be entitled to receive the death benefits payable in the event of death after retirement pursuant to this section unless the participant either: had at least 25 years of credited participation in the retirement program established pursuant to this act; or had at least 10 years of such credited participation and had attained 60 years of age and was an actively employed participant in the program in the year immediately preceding initial receipt of a retirement annuity. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), service credit in the Teachers' Pension and Annuity Fund or the Public Employees' Retirement

System shall also be considered in determining if the participant
 met the requirements of this paragraph.

3 (cf: P.L.2007, c.92, s.7)

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- 14. Section 11 of P.L.2007, c.92 (C.43:15C-11) is amended to read as follows:
- 7 11. Any person entitled to become a participant in the retirement 8 program shall not be allowed any of the group life insurance and 9 disability benefits if on the date of filing an application for 10 participation the person is 60 or more years of age, or if the person 11 makes application for participation in the retirement program 12 beyond the year after first becoming eligible for participation, 13 regardless of age, unless the participant furnishes satisfactory 14 evidence of insurability and on the effective date of participation is 15 actively at work and performing all regular duties at the customary 16 place of employment. 17

The effective date of coverage for such benefits shall be the first day of the month which immediately follows the date when such evidence is determined to be satisfactory.

Such evidence of insurability shall not be required of any person enrolling in the retirement program upon transfer from another State-administered retirement system, if such retirement system provided a benefit of a similar nature and the transferring person was covered by such a benefit at the time of the transfer. If such transferring person was not covered by such a benefit at the time of the transfer, the person may be allowed the benefit under the group policy or policies; however, any such person shall furnish satisfactory evidence of insurability if he had been unable or failed to give such evidence as a member of the retirement system from which the person transferred. Such evidence of insurability shall not be required of any member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System who is enrolling in the retirement program pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), if such retirement system provides a benefit of a similar nature and the participant is covered by such a benefit at the time of enrollment in the program.

Any person who must furnish satisfactory evidence of insurability under the provisions of this section and who ceases to be a participant in the retirement program without such evidence having been given shall continue to be subject to the same requirement if the person subsequently becomes a participant.

(cf: P.L.2007, c.92, s.11)

- 45 15. Section 13 of P.L.2007, c.92 (C.43:15C-13) is amended to 46 read as follows:
- 47 13. The disability benefit coverage provided under a group policy or policies shall provide a monthly income if the participant

becomes totally disabled from occupational or nonoccupational causes for a period of at least six consecutive months following the effective date of the coverage. The monthly disability benefit may be paid by the insurance company so long as the participant remains disabled up to the seventieth birthday, provided the disability commenced prior to the sixtieth birthday. The benefit shall terminate when the participant is no longer considered totally disabled or begins to receive retirement benefits.

The participant shall be considered totally disabled if the participant is unable to perform each duty of the participant's occupation and is under the regular care of a physician. After the 24 months following the commencement of such disability benefit payments, the participant shall be unable to engage in any gainful occupation for which the participant is reasonably fitted by education, training or experience. Total disability shall not be considered to exist if the participant is gainfully employed. Following an agreement with the insurance company and the policyholder, the participant may continue to receive disability benefits for a limited time while performing some type of work. During the period of rehabilitation, the monthly benefit shall be the regular payment less 80% of the participant's earnings from such rehabilitative position.

A participant shall be deemed to be in service and covered by the disability benefit insurance provisions for a period of no more than six months while on official leave of absence without pay if satisfactory evidence is presented to the Division of Pensions and Benefits that such leave of absence without pay is due to illness and that the participant was not actively engaged in any gainful occupation during such period of leave of absence without pay.

Disability benefit insurance provisions of the group policy or policies shall not cover disability resulting from or contributed to by pregnancy, act of war, intentionally self-inflicted injury, or attempted suicide whether or not sane. For purposes of such disability benefit coverage, the participant shall not be considered to be disabled while the participant is imprisoned or while outside the United States, its territories or possessions, or Canada.

If the participant has recovered from the disability for which the member had received benefits and again becomes totally disabled while insured, the later disability shall be regarded as a continuation of the prior one unless the participant has returned to full-time covered employment for at least six months. If the later absence is due to an unrelated cause and the participant had returned to full-time work, it shall be considered a new disability. The disability benefit insurance cannot be converted to an individual policy.

No participant shall be covered by the disability benefit provision of the group policy or policies except upon the completion of one year of full-time continuous employment in a position eligible for participation in the Defined Contribution

- 1 Retirement Program. For a member who is a participant pursuant to
- 2 paragraph (5) of subsection a. of section 2 of P.L.2007, c.92
- 3 (C.43:15C-2), completion of one year of full-time continuous
- 4 <u>employment in a position eligible for membership in the Teachers'</u>
- 5 Pension and Annuity Fund or the Public Employees' Retirement
- 6 System shall also be considered in determining if the participant
- 7 met the requirements of this paragraph.
- 8 (cf: P.L.2007, c.92, s.13)

- 16. Section 14 of P.L.2007, c.92 (C.43:15C-14) is amended to read as follows:
- 14. The disability benefit provided under a group policy or policies shall be in an amount equal to 60% of the participant's base monthly salary, reduced by periodic benefits to which the participant may be entitled during the period of total disability. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), base monthly salary for this disability benefit shall mean the base or contractual salary upon which contributions were made to the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System and to this program.
- The periodic benefit by which the monthly disability benefit may be reduced shall include salary or wages, retirement benefits or benefits from any source for which the State or other public employer has paid any part of the cost or made payroll deductions, Social Security disability or other benefits, including dependents' benefits, and benefits paid by Social Security at the option of the participant before the age of 65, but not including any increase in Social Security benefits enacted after the disability benefit under such group policy or policies have commenced, and any other periodic benefits provided by law except on account of military service.
- When a participant begins to receive a disability benefit under such group policy or policies, the insurance company shall pay an amount equal to the employee contribution which would have been required of the participant and deducted from the participant's base salary in order to meet the participant's obligation for the program. Such amount shall be paid by the insurance company without reduction by any other periodic benefit which the participant is eligible to receive. Such amount shall be paid by the insurance company to the insurer or insurers for the participant's retirement annuity.
- Premiums for such disability coverage shall be paid from a special fund, hereby created, called the "Defined Contribution Retirement Program Disability Premium Fund." The State Treasurer shall estimate annually the amount that will be required for premiums for such benefits for the ensuing fiscal year and shall certify such amounts that shall be applied to the total State and

other employer contributions due on behalf of the participants in the retirement program from the State and other employers, depositing such amounts in the premium fund. Additionally, employers will pay their share of the administrative costs of the program. The intervals for all payments and the allocation of administrative costs shall be determined by the Division of Pensions and Benefits including due dates and penalties for non compliance.

(cf: P.L.2007, c.92, s.14)

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17. N.J.S.18A:66-15 is amended to read as follows:

18A:66-15. In computing for retirement or for purposes of resignation or separation from service under sections 18A:66-36 and 18A:66-37 the total service of a member about to be retired, the retirement system shall credit him with all service rendered by him since he last became a member and in addition, with all the service to which he is entitled and with no other service. otherwise provided in this article, such service credit shall be final and conclusive for retirement purposes, or for purposes of resignation under sections 18A:66-36 and 18A:66-37, unless the member shall discontinue his service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection d. of N.J.S.18A:66-2, the retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the member was a participant of the Defined Contribution Retirement Program, pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), and making contributions to that program.

For the purpose of computing service for retirement purposes, the board of trustees shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and part of a year of service. Not more than one year shall be credited for all service in a calendar year.

(cf: N.J.S.18A:66-15)

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18. Section 39 of P.L.1954, c.84 (C.43:15A-39) is amended to read as follows:

39. In computing for retirement purposes the total service of a member about to be retired, the retirement system shall credit the member with the time of all service rendered by the member since that member's last enrollment, and in addition with all the service to which the member is entitled and with no other service. Except as otherwise provided in this act, this service credit shall be final and conclusive for retirement purposes unless the member shall discontinue service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection r. of section 6 of P.L.1954, c.84 (C.43:15A-6), the retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the

- 1 member was a participant of the Defined Contribution Retirement
- 2 Program, pursuant to paragraph (5) of subsection a. of section 2 of
- 3 P.L.2007, c.92 (C.43:15C-2), and making contributions to that
- 4 program.

- For the purpose of computing service for retirement purposes, the board shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and a part of a year of service. Not more than one year shall be credited for all service in a calendar year. A member may purchase credit for time during which the member shall have been absent on an official leave without pay. The credit shall be purchased for a period of time equal to:
- 13 (1) three months or the duration of the leave, whichever is less; 14 or
 - (2) if the leave was due to the member's personal illness, two years or the duration of the leave, whichever is less; or
 - (3) the period of leave that is specifically allowed for retirement purposes by the provisions of any law of this State.
 - The purchase shall be made in the same manner and be subject to the same terms and conditions provided for the purchase of previous membership service credit by section 8 of P.L.1954, c.54 (C.43:15A-8). In computing the service or in computing final compensation, no time during which a member was in employment, office, or position for which the annual salary or remuneration was fixed at less than \$500.00 in the case of service rendered prior to November 6, 1986, or less than \$1,500.00 in the case of service rendered on or after that date, shall be credited, except that in the case of a veteran member credit shall be given for service rendered prior to January 2, 1955, in an employment, office or position if the annual salary or remuneration therefor was fixed at not less than \$300.00 and such service consisted of the performance of the full duties of the employment, office or position.
- 33 (cf: P.L.1991, c.138, s.10)

- 35 19. Section 2 of P.L.1961, c.49 (C.52:14-17.26) is amended to 36 read as follows:
 - 2. As used in this act:
 - (a) The term "State" means the State of New Jersey.
 - (b) The term "commission" means the State Health Benefits Commission, created by section 3 of this act.
 - (c) The term "employee" means an appointive or elective officer or full-time employee of the State of New Jersey. For the purposes of this act an employee of Rutgers, The State University of New Jersey, shall be deemed to be an employee of the State, and an employee of the New Jersey Institute of Technology shall be considered to be an employee of the State during such time as the Trustees of the Institute are party to a contractual agreement with the State Treasurer for the provision of educational services. The

1 term "employee" shall further mean, for purposes of this act, a

former employee of the South Jersey Port Corporation, who is

- 3 employed by a subsidiary corporation or other corporation, which
- 4 has been established by the Delaware River Port Authority pursuant
- 5 to subdivision (m) of Article I of the compact creating the Delaware
- 6 River Port Authority (R.S.32:3-2), as defined in section 3 of
- 7 P.L.1997, c.150 (C.34:1B-146), and who is eligible for continued
- 8 membership in the Public Employees' Retirement System pursuant
- 9 to subsection j. of section 7 of P.L.1954, c.84 (C.43:15A-7).

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For the purposes of this act the term "employee" shall not include persons employed on a short-term, seasonal, intermittent or emergency basis, persons compensated on a fee basis, persons having less than two months of continuous service or persons whose compensation from the State is limited to reimbursement of necessary expenses actually incurred in the discharge of their official duties, provided, however, that the term "employee" shall include persons employed on an intermittent basis to whom the State has agreed to provide coverage under P.L.1961, c.49 (C.52:14-17.25 et seq.) in accordance with a binding collective negotiations agreement. An employee paid on a 10-month basis, pursuant to an annual contract, will be deemed to have satisfied the two-month waiting period if the employee begins employment at the beginning of the contract year. The term "employee" shall also not include retired persons who are otherwise eligible for benefits under this act but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by [the complete federal program Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B. A determination by the commission that a person is an eligible employee within the meaning of this act

(d) (1) The term "dependents" means an employee's spouse, partner in a civil union couple or an employee's domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), and the employee's unmarried children under the age of 23 years who live with the employee in a regular parent-child relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family Services in the Department of Children and Families, provided they are reported for coverage and are wholly dependent upon the employee for support and maintenance. A spouse, partner in a civil union couple, domestic partner or child enlisting or inducted into military service shall not be considered a dependent during the military service. The term "dependents" shall not include spouses, partners in a civil union couple or domestic partners of retired persons who are otherwise eligible for the benefits under this act but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by [the complete federal program] Medicare

shall be final and shall be binding on all parties.

Hospital Insurance, also known as Medicare Part A, and Medicare
 Medical Insurance, also known as Medicare Part B.

- (2) Notwithstanding the provisions of paragraph (1) of this subsection to the contrary and subject to the provisions of paragraph (3) of this subsection, for the purposes of an employer other than the State that is participating in the State Health Benefits Program pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34), the term "dependents" means an employee's spouse or partner in a civil union couple and the employee's unmarried children under the age of 23 years who live with the employee in a regular parent-child relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family Services in the Department of Children and Families provided they are reported for coverage and are wholly dependent upon the employee for support and maintenance. A spouse , partner in a civil union couple or child enlisting or inducted into military service shall not be considered a dependent during the military service. The term "dependents" shall not include spouses or partners in a <u>civil union couple</u> of retired persons who are otherwise eligible for benefits under P.L.1961, c.49 (C.52:14-17.25 et seq.) but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by [the complete federal program] Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B.
 - (3) An employer other than the State that is participating in the State Health Benefits Program pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34) may adopt a resolution providing that the term "dependents" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.

- (e) The term "carrier" means a voluntary association, corporation or other organization, including a health maintenance organization as defined in section 2 of the "Health Maintenance Organizations Act," P.L.1973, c.337 (C.26:2J-2), which is lawfully engaged in providing or paying for or reimbursing the cost of, personal health services, including hospitalization, medical and surgical services, under insurance policies or contracts, membership or subscription contracts, or the like, in consideration of premiums or other periodic charges payable to the carrier.
- (f) The term "hospital" means (1) an institution operated pursuant to law which is primarily engaged in providing on its own premises, for compensation from its patients, medical diagnostic and major surgical facilities for the care and treatment of sick and injured persons on an inpatient basis, and which provides such facilities under the supervision of a staff of physicians and with 24 hour a day nursing service by registered graduate nurses, or (2) an institution not meeting all of the requirements of (1) but which is accredited as a hospital by the Joint Commission on Accreditation

- of Hospitals. In no event shall the term "hospital" include a convalescent nursing home or any institution or part thereof which is used principally as a convalescent facility, residential center for the treatment and education of children with mental disorders, rest facility, nursing facility or facility for the aged or for the care of drug addicts or alcoholics.
- (g) The term "State managed care plan" means a health care plan under which comprehensive health care services and supplies are provided to eligible employees, retirees, and dependents: (1) through a group of doctors and other providers employed by the plan; or (2) through an individual practice association, preferred provider organization, or point of service plan under which services and supplies are furnished to plan participants through a network of doctors and other providers under contracts or agreements with the plan on a prepayment or reimbursement basis and which may provide for payment or reimbursement for services and supplies obtained outside the network. The plan may be provided on an insured basis through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under contracts with the State.
 - (h) The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
 - (i) The term "traditional plan" means a health care plan which provides basic benefits, extended basic benefits and major medical expense benefits as set forth in section 5 of P.L.1961, c.49 (C.52:14-17.29) by indemnifying eligible employees, retirees, and dependents for expenses for covered health care services and supplies through payments to providers or reimbursements to participants.
 - (j) The term "successor plan" means a State managed care plan that shall replace the traditional plan and that shall provide benefits as set forth in subsection (B) of section 5 of P.L.1961, c.49 (C.52:14-17.29) with provisions regarding reimbursements and payments as set forth in paragraph (1) of subsection (C) of section 5 of P.L.1961, c.49 (C.52:14-17.29).

38 (cf: P.L.2006, c.47, s.190)

20. Section 3 of P.L.1961, c.49 (C.52:14-17.27) is amended to read as follows:

3. There is hereby created a State Health Benefits Commission, consisting of five members: the State Treasurer; the Commissioner of Banking and Insurance; the Commissioner of Personnel; a State employees' representative chosen by the Public Employees' Committee of the AFL-CIO; and <u>through June 30, 2008</u>, when employers of employees, as defined in section 32 of P.L. , c. (C.)(pending before the Legislature as this bill),

- 1 will no longer be eligible to participate in the State Health Benefits
- 2 Program authorized by P.L.1961, c.49, a representative chosen by
- 3 the New Jersey Education Association, which represents the largest
- 4 number of employees of employers other than the State
- 5 participating in the State Health Benefits Program. <u>Beginning July</u>
- 6 1, 2008, the fifth member of the commission shall be a local
- 7 employees' representative chosen by the Public Employees'
- 8 Committee of the AFL-CIO.
- 9 The treasurer shall be chairman of the commission and the health
- benefits program authorized by P.L.1961, c.49 shall be administered
- 11 in the Treasury Department. The Director of the Division of
- 12 Pensions and Benefits shall be the secretary of the commission.
- 13 The commission shall establish a health benefits program for the
- 14 employees of the State, the cost of which shall be paid as specified
- in section 6 of P.L.1961, c.49. The commission shall establish rules
- and regulations as may be deemed reasonable and necessary for the
- 17 administration of P.L.1961, c.49.
- 18 The Attorney General shall be the legal advisor of the
- 19 commission.
- The members of the commission shall serve without
- 21 compensation but shall be reimbursed for any necessary
- 22 expenditures. The public employee members shall not suffer loss of
- 23 salary or wages during service on the commission.
- 24 The commission shall publish annually a report showing the
- 25 fiscal transactions of the program for the preceding year and stating
- other facts pertaining to the plan. The commission shall submit the
- 27 report to the Governor and furnish a copy to every employer for
- use of the participants and the public.
- 29 (cf: P.L.2003, c.71, s.1)
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- 31 21. Section 4 of P.L.1961, c.49 (C.52:14-17.28) is amended to
- read as follows:
- 4. <u>a.</u> The commission shall negotiate with and arrange for the
- purchase, on such terms as it deems to be in the best interests of the
- 35 State and its employees, from carriers licensed to operate in the
- 36 State or in other jurisdictions, as appropriate, contracts providing
- 37 hospital, surgical, obstetrical, [medical and major medical expense]
- 38 <u>and other covered health care services and</u> benefits covering
- 39 employees of the State and their dependents, and shall execute all
- documents pertaining thereto for and on behalf and in the name of
- 41 the State.
- 42 [The] b. Except for contracts entered into after June 30, 2007,
- 43 the commission shall not enter into a contract under this act unless
- 44 the benefits provided thereunder equal or exceed the minimum
- 45 standards specified in section 5 of P.L.1961, c.49 (C.52:14-17.29)
- 46 for the particular coverage which such contract provides, and unless
- coverage is available to all eligible employees and their dependents
- on the basis specified by section 7 of P.L.1961, c.49 (C.52:14-

- 1 17.31), except that a State employee enrolled in the program on or
- 2 after July 1, 2003 and all law enforcement officers employed by the
- 3 State for whom there is a majority representative for collective
- 4 negotiation purposes may not be eligible for coverage under the
- 5 traditional plan as defined in section 2 of P.L.1961, c.49 (C.52:14-
- 6 17.26) pursuant to a binding collective negotiations agreement or
- 7 pursuant to the application by the commission, in its sole discretion,
- 8 of the terms of any collective negotiations agreement binding on the
- 9 State to State employees for whom there is no majority
- 10 representative for collective negotiations purposes.
- 11 <u>c. The commission shall not enter into a contract under</u>
- 12 P.L.1961, c.49 (C.52:14-17.25 et seq.) after June 30, 2007, unless
- the contract includes the successor plan and a State managed care
- 14 plan that shall be substantially equivalent to the NJ PLUS plan in
- 15 effect on June 30, 2007, with adjustments to that plan pursuant to a
- 16 <u>binding collective negotiations agreement or pursuant to action by</u>
- 17 the commission, in its sole discretion, to apply such adjustments to
- State employees for whom there is no majority representative for collective negotiations purposes, and unless coverage is available to
- collective negotiations purposes, and unless coverage is available to all eligible employees and their dependents on the basis specified
- 21 by section 7 of P.L.1961, c.49 (C.52:14-17.31), except as provided
- 22 <u>in subsection d. of this section.</u>
- d. Eligibility for coverage under the successor plan may be
- 24 <u>limited pursuant to a binding collective negotiations agreement or</u>
- 25 pursuant to the application by the commission, in its sole discretion,
- 26 of the terms of any collective negotiations agreement binding on the
- 27 <u>State to State employees for whom there is no majority</u> 28 representative for collective negotiations purposes. Coverage under
- representative for collective negotiations purposes. Coverage under
 the successor plan and under the State managed care plan required
- 30 to be included in a contract entered into pursuant to subsection c. of
- 31 this section shall be made available in retirement to all State
- 32 employees who accrued 25 years of nonconcurrent service credit in
- 33 one or more State or locally-administered retirement systems before
- 34 July 1, 2007. Coverage under the State managed care plan required
- 35 to be included in a contract entered into pursuant to subsection c. of
- 36 this section shall be made available in retirement to all State
- 37 employees who accrue 25 years of nonconcurrent service credit in
- 38 one or more State or locally-administered retirement systems on or
- 39 <u>after July 1, 2007.</u>
- e. Actions taken by the commission before the effective date of
- 41 P.L., c. (pending before the Legislature as this bill) in
- 42 <u>anticipation of entering into any contract pursuant to subsection c.</u>
- of this section are hereby deemed to have been within the authority
- 44 of the commission pursuant to P.L.1961, c.49 (C.52:14-17.25 et
- 45 <u>seq.).</u>
- 46 (cf: P.L.2005, c.341, s.1)

22. Section 6 of P.L.1996, c.8 (C.52:14-17.28b) is amended to read as follows:

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3 6. a. Notwithstanding the provisions of any other law to the 4 contrary, the obligations of the State or an independent State 5 authority, board, commission, corporation, agency, or organization 6 to pay the premium or periodic charges for health benefits coverage 7 provided under P.L.1961, c.49 (C.52:14-17.25 et seq.) may be 8 determined by means of a binding collective negotiations 9 agreement, including any agreements in force at the time of the 10 adoption of P.L.1996, c.8. With respect to State employees for 11 whom there is no majority representative for collective negotiations 12 purposes, the commission may, in its sole discretion, modify the respective payment obligations set forth in P.L.1961, c.49 for the 13 14 State and such employees in a manner consistent with the terms of 15 any collective negotiations agreement binding on the State. With 16 respect to employees of an independent State authority, board, 17 commission, corporation, agency, or organization for whom there is 18 no majority representative for collective negotiations purposes, the 19 employer may, in its sole discretion, modify the respective payment 20 obligations set forth in P.L.1961, c.49 for such employer and such 21 employees in a manner consistent with the terms of any collective negotiations agreement binding on such employer. The provisions 22 23 of this subsection shall also apply to employees deemed or 24 considered to be employees of the State pursuant to subsection (c) 25 of section 2 of P.L.1961, c.49 (C.52:14-17.26).

- b. (1) Notwithstanding the provisions of any other law to the contrary, for each State employee who accrues 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems before July 1, 1997, excepting the employee who elects deferred retirement, the State, upon the employee's retirement, shall pay the full cost of the premium or periodic charges for the health benefits provided to a retired State employee and dependents covered under the State Health Benefits Program, but not including survivors, and shall also reimburse the retired employee for premium charges under Part B of Medicare covering the retired employee and the employee's spouse.
- 37 (2) Notwithstanding the provisions of any other law to the 38 contrary, and except as otherwise provided by section 8 of 39 P.L.1961, c.49 (C.52:14-17.32) as amended by P.L.2005, c.341, and 40 by subsection c. of this section, for each State employee who 41 accrues 25 years of nonconcurrent service credit in one or more 42 State or locally-administered retirement systems on or after July 1, 43 1997, excepting the employee who elects deferred retirement, the 44 State, upon the employee's retirement, shall pay the premium or 45 periodic charges for the health benefits provided to a retired State 46 employee and dependents covered under the State Health Benefits 47 Program, but not including survivors, and shall reimburse the 48 retired employee for premium charges under Part B of Medicare

covering the retired employee and the employee's spouse: (a) in accordance with the provisions, if any, concerning health benefits coverage in retirement which are in the collective negotiations agreement applicable to the employee at the time of the employee's accrual of 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems, or (b) if the employee has no majority representative for collective negotiations purposes, in a manner consistent with the terms, if any, concerning health benefits coverage in retirement which are in any collective negotiations agreement deemed applicable by the State Health Benefits Commission to that employee at the time of the employee's accrual of 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems. The terms for the payment of premiums or periodic charges established pursuant to this paragraph for the traditional plan shall apply to the successor plan, and the terms for the payment of premiums or periodic charges established pursuant to this paragraph for the NJ PLUS plan shall apply to the State managed care plan required to be included in a contract entered into pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-17.28).

c. (1) Effective July 1, 2007, but, with respect to employees to whom this subsection applies who are paid through the State centralized payroll, effective with the first pay period beginning after July 1, 2007, the cost of benefits provided pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.) shall be shared by employees through the withholding of a contribution in an amount as determined in accordance with paragraph (2) of this subsection.

- (2) The amount of the contribution required pursuant to paragraph (1) of this subsection as to State employees and employees of an independent State authority, board, commission, corporation, agency, or organization for whom there is a majority representative for collective negotiations purposes shall be determined by means of a binding collective negotiations agreement. The amount of the contribution required pursuant to paragraph (1) of this subsection as to State employees or employees of an independent State authority, board, commission, corporation, agency, or organization for whom there is no majority representative for collective negotiations purposes shall be 1.5 percent of base salary.
- (3) The cost of benefits provided pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.) shall be shared by retirees through the withholding of a contribution in an amount as determined in accordance with paragraph (4) of this subsection.
- 44 (4) The amount of the contribution required pursuant to
 45 paragraph (3) of this subsection as to State employees and
 46 employees of an independent State authority, board, commission,
 47 corporation, agency, or organization for whom there is a majority
 48 representative for collective negotiations purposes who accrue 25

1 years of nonconcurrent service credit in one or more State or 2 locally-administered retirement systems on or after July 1, 2007, and who retire on or after July, 1, 2007, excepting employees who 3 4 elect deferred retirement, but including those who retire on a 5 disability pension after July 1, 2007, shall be determined by means 6 of a binding collective negotiations agreement applicable at the 7 time of the employee's accrual of 25 years of nonconcurrent service 8 credit in one or more State or locally-administered retirement systems. The amount of the contribution required pursuant to 9 10 paragraph (3) of this subsection as to State employees or employees 11 of an independent State authority, board, commission, corporation, agency, or organization for whom there is no majority 12 13 representative for collective negotiations purposes who accrue 25 14 years of nonconcurrent service credit in one or more State or 15 locally-administered retirement systems on or after July 1, 2007, and who retire on or after July 1, 2007, excepting employees who 16 17 elect deferred retirement, but including those who retire on a 18 disability pension after July 1, 2007, shall be determined in a 19 manner consistent with the terms, if any, concerning health benefits 20 coverage in retirement which are in any collective negotiations 21 agreement deemed applicable by the commission to that employee 22 at the time of the employee's accrual of 25 years of nonconcurrent 23 service credit in one or more State or locally-administered 24 retirement systems, except that for employees who accrue 25 years 25 of nonconcurrent service credit in one or more State or locally-26 administered retirement systems in the period beginning July 1, 2007, and ending June 30, 2011, the contribution shall be 1.5 27 28 percent of the gross maximum monthly retirement allowance, 29 including any future cost-of-living adjustments, or, with respect to 30 retirees who are members of the alternate benefit program, an 31 amount determined pursuant to a formula developed by the 32 commission that shall be designed to result in a contribution that is 33 comparable to the contribution that applies to retirees who are not 34 members of the alternate benefit program. 35

(5) Any employee or retiree from whom withholding of a contribution is required pursuant to this subsection shall not be required to pay any percentage of the premiums or periodic charges for health care benefits provided under P.L.1961, c.49 (C.52:14-17.25 et seq.), other than dental benefits.

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40 (6) The contribution required pursuant to this subsection may be 41 terminated only upon withdrawal from all health care benefits 42 coverage as an employee or retiree, other than coverage for dental 43 benefits, and the submission to the commission of written 44 certification by the employee that the employee is covered by other 45 health care benefits and that those benefits are in force. The 46 commission shall not apply the written certification requirement to 47 retirees or to employees to whom Article VI, Section VI, paragraph 6 of the New Jersey Constitution applies.

2 (cf: P.L.2005, c.341, s.2)

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- 4 23. Section 5 of P.L.1961, c.49 (C.52:14-17.29) is amended to read as follows:
- 5. (A) The contract or contracts purchased by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall provide separate coverages or policies as follows:
 - (1) Basic benefits which shall include:
- 10 (a) Hospital benefits, including outpatient;
 - (b) Surgical benefits;
- (c) Inpatient medical benefits;
 - (d) Obstetrical benefits; and
 - (e) Services rendered by an extended care facility or by a home health agency and for specified medical care visits by a physician during an eligible period of such services, without regard to whether the patient has been hospitalized, to the extent and subject to the conditions and limitations agreed to by the commission and the carrier or carriers.

Basic benefits shall be substantially equivalent to those available on a group remittance basis to employees of the State and their dependents under the subscription contracts of the New Jersey "Blue Cross" and "Blue Shield" Plans. Such basic benefits shall include benefits for:

- (i) Additional days of inpatient medical service;
- 26 (ii) Surgery elsewhere than in a hospital;
- 27 (iii) X-ray, radioactive isotope therapy and pathology services;
- 28 (iv) Physical therapy services;
 - (v) Radium or radon therapy services;

and the extended basic benefits shall be subject to the same conditions and limitations, applicable to such benefits, as are set forth in "Extended Outpatient Hospital Benefits Rider," Form 1500, 71(9-66), and in "Extended Benefit Rider" (as amended), Form MS 7050J(9-66) issued by the New Jersey "Blue Cross" and "Blue Shield" Plans, respectively, and as the same may be amended or superseded, subject to filing by the Commissioner of Banking and

37 Insurance; and

(2) Major medical expense benefits which shall provide benefit payments for reasonable and necessary eligible medical expenses for hospitalization, surgery, medical treatment and other related services and supplies to the extent they are not covered by basic benefits. The commission may, by regulation, determine what types of services and supplies shall be included as "eligible medical services" under the major medical expense benefits coverage as well as those which shall be excluded from or limited under such coverage. Benefit payments for major medical expense benefits shall be equal to a percentage of the reasonable charges for eligible medical services incurred by a covered employee or an employee's

1 covered dependent, during a calendar year as exceed a deductible 2 for such calendar year of \$100.00 subject to the maximums 3 hereinafter provided and to the other terms and conditions authorized by this act. The percentage shall be 80% of the first 4 5 \$2,000.00 of charges for eligible medical services incurred subsequent to satisfaction of the deductible and 100% thereafter. 6 7 There shall be a separate deductible for each calendar year for (a) 8 each enrolled employee and (b) all enrolled dependents of such 9 employee. Not more than \$1,000,000.00 shall be paid for major 10 medical expense benefits with respect to any one person for the 11 entire period of such person's coverage under the plan, whether 12 continuous or interrupted except that this maximum may be reapplied to a covered person in amounts not to exceed \$2,000.00 a 13 14 year. Maximums of \$10,000.00 per calendar year and \$20,000.00 15 for the entire period of the person's coverage under the plan shall 16 apply to eligible expenses incurred because of mental illness or 17 functional nervous disorders, and such may be reapplied to a 18 covered person, except as provided in P.L.1999, c.441 (C.52:14-19 17.29d et al.). The same provisions shall apply for retired 20 employees and their dependents. Under the conditions agreed upon 21 by the commission and the carriers as set forth in the contract, the 22 deductible for a calendar year may be satisfied in whole or in part 23 by eligible charges incurred during the last three months of the prior 24 calendar year.

Any service determined by regulation of the commission to be an "eligible medical service" under the major medical expense benefits coverage which is performed by a duly licensed practicing psychologist within the lawful scope of his practice shall be recognized for reimbursement under the same conditions as would apply were such service performed by a physician.

(B) The contract or contracts purchased by the commission pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall include coverage for the services and benefits set forth in this subsection, provided that such services and benefits shall include only those that are eligible medical services and not those deemed experimental, investigative or otherwise not eligible medical services. The determination of whether services or benefits are eligible medical services shall be made by the commission consistent with the best interests of the State and participating employers, employees, and dependents. The following list of services is not intended to be exclusive or to require that any limits or exclusions be exceeded.

Covered services shall include:

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- (1) Physician services, including:
- (a) Inpatient services, including:
- 46 (i) medical care including consultations;
- 47 (ii) surgical services and services related thereto; and

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1	(iii) obstetrical services including normal delivery,
2	cesarean section, and abortion.
3	(b) Outpatient/out-of-hospital services, including:
4	(i) office visits for covered services and care;
5	(ii) allergy testing and related diagnostic/therapy
6	services;
7	(iii) dialysis center care;
8	(iv) maternity care;
9	(v) well child care;
10	(vi) child immunizations/lead screening;
11	(vii) routine adult physicals including pap,
12	mammography, and prostate examinations; and
13	(viii) annual routine obstetrical/gynecological exam.
14	(2) Hospital services, both inpatient and outpatient, including:
15	(a) room and board;
16	(b) intensive care and other required levels of care;
17	(c) semi-private room;
18	(d) therapy and diagnostic services;
19	(e) surgical services or facilities and treatment related
20	thereto;
21	(f) nursing care;
22	(g) necessary supplies, medicines, and equipment for care;
23 24	(h) maternity care and related services.
2 4 25	(3) Other facility and services, including:
26	(a) approved treatment centers for medical
27	emergency/accidental injury;
28	(b) approved surgical center;
29	(c) hospice;
30	(d) chemotherapy;
31	(e) diagnostic x-ray and lab tests;
32	(f) ambulance;
33	(g) durable medical equipment;
34	(h) prosthetic devices;
35	(i) foot orthotics;
36	(j) diabetic supplies and education; and
37	(k) oxygen and oxygen administration.
38	(4) All services for which coverage is required pursuant to
39	P.L.1961, c.49 (C.52:14-17.25 et seq.), as amended and
40	supplemented. Benefits under the contract or contracts purchased
41	as authorized by the State Health Benefits Program shall include
42	those for mental health services subject to limits and exclusions
43	consistent with the provisions of the New Jersey State Health
44	Benefits Program Act.
45 45	(C) The contract or contracts purchased by the commission
46 47	pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-
47 40	17.28) shall include the following provisions regarding
48	reimbursements and payments:

- (1) In the successor plan, the co-payment for doctor's office visits shall be \$10 per visit with a maximum out-of-pocket of \$400 per individual and \$1,000 per family for in-network services for each calendar year. The out-of-network deductible shall be \$100 per individual and \$250 per family for each calendar year, and the participant shall receive reimbursement for out-of-network charges at the rate of 80% of reasonable and customary charges, provided that the out-of-pocket maximum shall not exceed \$2,000 per individual and \$5,000 per family for each calendar year.
- (2) In the State managed care plan that is required to be included in a contract entered into pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-17.28), the co-payment for doctor's office visits shall be \$15 per visit. The participant shall receive reimbursement for out-of-network charges at the rate of 70% of reasonable and customary charges. The in-network and out-of-network limits, exclusions, maximums, and deductibles shall be substantially equivalent to those in the NJ PLUS plan in effect on June 30, 2007, with adjustments to that plan pursuant to a binding collective negotiations agreement or pursuant to action by the commission, in its sole discretion, to apply such adjustments to State employees for whom there is no majority representative for collective negotiations purposes.
 - (3) "Reasonable and customary charges" means charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.

[(B)**]** (D) Benefits under the contract or contracts purchased as authorized by this act may be subject to such limitations, exclusions, or waiting periods as the commission finds to be necessary or desirable to avoid inequity, unnecessary utilization, duplication of services or benefits otherwise available, including coverage afforded under the laws of the United States, such as the federal Medicare program, or for other reasons.

Benefits under the contract or contracts purchased as authorized by this act shall include those for the treatment of alcoholism where such treatment is prescribed by a physician and shall also include treatment while confined in or as an outpatient of a licensed hospital or residential treatment program which meets minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation. No benefits shall be provided beyond those stipulated in the contracts held by the State Health Benefits Commission.

[(C)] (E) The rates charged for any contract purchased under the authority of this act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined by the carrier on accepted group rating

principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.

[(D)**]** (F) The initial term of any contract purchased by the commission under the authority of this act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic renewal in the absence of notice of termination by the commission. Subsequent terms for which any contract may be renewed as herein provided shall each be limited to a period not to exceed one year.

The <u>I</u> (G) A contract <u>purchased</u> by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall contain a provision that if basic benefits or major medical expense benefits of an employee or of an eligible dependent under the contract, after having been in effect for at least one month in the case of basic benefits or at least three months in the case of major medical expense benefits, is terminated, other than by voluntary cancellation of enrollment, there shall be a 31day period following the effective date of termination during which such employee or dependent may exercise the option to convert, without evidence of good health, to converted coverage issued by the carriers on a direct payment basis. Such converted coverage shall include benefits of the type classified as "basic benefits" or "major medical expense benefits" in subsection (A) hereof and shall be equivalent to the benefits which had been provided when the person was covered as an employee. The provision shall further stipulate that the employee or dependent exercising the option to convert shall pay the full periodic charges for the converted coverage which shall be subject to such terms and conditions as are normally prescribed by the carrier for this type of coverage.

[(F)] (H) The commission may purchase a contract or contracts to provide drug prescription and other health care benefits or authorize the purchase of a contract or contracts to provide drug prescription and other health care benefits as may be required to implement a duly executed collective negotiations agreement or as may be required to implement a determination by a public employer to provide such benefit or benefits to employees not included in collective negotiations units.

(I) The commission shall take action as necessary, in cooperation with the School Employees' Health Benefits Commission established pursuant to section 33 of P.L., c. (C.)(pending before the Legislature as this bill), to effectuate the purposes of the School Employees' Health Benefits Program Act as provided in sections 31 through 41 of P.L., c. (C.)(pending before the Legislature as this bill) and to enable the School Employees' Health Benefits Commission to

begin providing coverage to participants pursuant to the School
 Employees' Health Benefits Program Act as of July 1, 2008.

3 (cf: P.L.1999, c.441, s.3)

- 24. Section 1 of P.L.2001, c.284 (C.52:14-17.29g) is amended to read as follows:
- 1. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of [this act] P.L.2001, c.284 (C.52:14-17.29g) provides that if an enrollee's or member's primary care physician's contract as a participating physician in a health maintenance organization or [NJ PLUS] State managed care plan will be terminated, the health maintenance organization or [NJ PLUS] State managed care plan, as appropriate, shall provide the enrollee or member with 90-days notice of the termination. If 90-days notice cannot be provided because the termination will occur prior to the end of the 90-day period, the health maintenance organization or [NJ PLUS] State managed care plan shall notify the enrollee or member as soon as the health maintenance organization or [NJ PLUS] State managed care plan has knowledge of the termination.
 - b. Notwithstanding the provisions of any policy governing open enrollment to the contrary, an enrollee or member who has been notified by a health maintenance organization or [NJ PLUS] State managed care plan pursuant to this section may change his coverage to another health benefits plan under the State Health Benefits Program upon receiving notice that his primary care physician will no longer be a participating physician with the health maintenance organization or [NJ PLUS] State managed care plan, in which the person is currently enrolled.

(cf: P.L.2001, c.284, s.1)

- 32 25. Section 7 of P.L.1961, c.49 (C.52:14-17.31) is amended to read as follows:
 - 7. The coverage provided solely for employees shall, subject to the provisions below, automatically become effective for all eligible employees from the first day on or after the effective date of the program on which they satisfy the definition of "employee" contained in this act. The commission shall establish the rules and regulations governing the enrollment and effective dates of coverage of dependents of employees it deems necessary or desirable. The rules and regulations shall not defer coverage with respect to any qualified dependent an employee has on the date the employee's employer becomes a participating employer, provided the employee was, immediately prior to the date, insured with respect to the dependent under a group [major medical] insurance plan of the employer which was in effect immediately prior to the date. Under the rules and regulations established by the

commission, each employee shall be given the opportunity to enroll for coverage for dependents as of the earliest date the employee becomes eligible for enrollment. [An] With respect to the traditional plan, an employee may elect to enroll dependents for both basic coverage and major medical expense coverage but may not enroll for either coverage alone.

[If, on the date coverage for an employee would become effective, the employee is not actively at work full- time at the customary place of employment or other location to which the employment requires the employee to travel, the employee shall not be covered until the employee is so actively at work, except the employee shall be covered, if on the date the employee's employer becomes a participating employer, the employee was, immediately prior to that date, insured under a group major medical insurance plan of the employer which was in effect immediately prior to that date.]

In the event that the group [major medical] health plan which covered an employee or dependents immediately prior to the date the employee's employer becomes a participating employer provides, after termination of coverage thereunder, any continuation of benefits [for medical expenses for hospitalization, surgery, medical treatment or any related service or supply], or would so provide in the absence of coverage pursuant to this act, no coverage shall be afforded pursuant to this act for any such expenses (i) which are covered, or which would be covered in the absence of coverage pursuant to this act, in whole or in part, by the prior insurance plan or (ii) which may be used in satisfaction of any deductible requirement under the prior insurance plan to establish entitlement to the continuation of benefits.

Each employee shall furnish the Division of Pensions and Benefits, in the prescribed form, the information necessary on account of the employee's own coverage and necessary to enroll dependents. Any employee not desiring coverage at the time the employee first becomes eligible, shall give the division written notice of that fact in the form prescribed by the division. The employee may not enroll thereafter except at the times and under the conditions prescribed by the commission.

If an employee of an employer other than the State eligible for coverage has a spouse who is also an employee of an employer other than the State eligible for coverage, the spouse may elect single coverage as an employee and to enroll as a dependent, in which event no coverage shall be provided for such spouse as an employee while covered as a dependent. The employee of an employer other than the State, who has enrolled such spouse, and who is required to pay the full cost of dependent coverage, may receive a refund from the State Division of Pensions and Benefits equivalent in amount to the employer's cost for an employee's

coverage. When both husband and wife are covered as employees, only one may enroll for their children as dependents.

A similar refund shall be authorized pursuant to such rules and regulations as the commission deems necessary or desirable in the case of an employee of an employer other than the State who is paying the full cost of dependent coverage for a spouse who is an employee of the State and eligible for coverage.

If a husband and wife are both eligible for coverage under the program as employees:

- a. each may elect coverage for himself or herself as an employee and for their qualified dependents, including the spouse, [under the traditional plan or the State managed care plan] in any plan offered other than a health maintenance organization, but only one may elect coverage for himself or herself and for their qualified dependents, including the spouse, in a participating health maintenance organization; and
- b. each may elect single coverage in any participating health maintenance organization, provided that he or she is not covered under the participating health maintenance organization as a dependent of his or her spouse.

Any person employed as a substitute teacher by a school district and who provides evidence of coverage under another health benefits program may waive coverage for the current school year on or after the date on which the person becomes an employee eligible for coverage.

(cf: P.L.1996, c.8, s.5)

- 26. Section 1 of P.L.2003, c.142 (C.52:14-17.32n) is amended to read as follows:
- 1. a. A qualified member of the organized militia, as defined in N.J.S.38A:1-1, and the member's dependents, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), shall be eligible to participate in the State Health Benefits Program and be covered under the "State managed care plan", as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), in accordance with the law and rules governing the program and plan, except as otherwise provided by this act. P.L.2003, c.142 (C.52:14-17.32n). [Notwithstanding any other law to the contrary, a qualified member of the organized militia and the

member's dependants shall be enrolled in NJ Plus.

A qualified member is a member who is called to State active duty by an order of the Governor issued pursuant to law, when the written order directly applicable to that member states that active duty shall be for a period of 30 days within a 35 consecutive day period, provided the member (1) is not a compensated, full-time appointed or elected public officer or employee of the State or any political subdivision thereof when called to active duty; (2) had employer-provided health care benefits coverage that was cancelled due to the member's military service or does not have employer-

- 1 provided health care benefits coverage; and (3) is not covered for
- 2 health care benefits under a program, plan or policy as a dependent
- 3 of the member's spouse when called to active duty. For the limited
- 4 purpose of this act, a qualified member shall be deemed a State
- 5 employee, as defined in section 2 of P.L.1961, c.49 (C.52:14-
- 6 17.26).

- The member may waive coverage provided pursuant to this section by notifying the Division of Pensions and Benefits in writing.
 - b. The Department of Military and Veterans' Affairs shall notify the Division of Pensions and Benefits of the members who are eligible for health care benefits coverage pursuant to this section, and shall notify the members themselves of the coverage provided, by whatever means deemed efficient and expeditious.
 - c. The State Health Benefits Program shall not provide coverage for health care services and supplies provided to a member or the member's dependents prior to first day of active duty. The department, or the member when so requested, shall provide to the division all information necessary on account of the member's coverage and to enroll the member's dependents pursuant to applicable law and regulations governing the program and plan. If information is not provided to the division in a timely manner, coverage shall commence only upon receipt by the division of all information deemed necessary by the division to provide the coverage. The division shall make such accommodation and provision for the addition of the member and the member's dependents to the program and plan as may be necessary under the circumstances.
 - d. The coverage provided pursuant to this section shall be extended for health care services and supplies commencing on the first day of active duty service until the last day of active duty service, provided the information requirements in subsection c. of this section are met in a timely manner.
 - e. The State shall be liable for the premium or periodic charges for the coverage for the qualified member and member's dependents, including the program's expenses for the administration of this section, in such amount as determined and fixed by the State Health Benefits Commission. The commission shall annually certify to the State the cost for providing health care benefits coverage to qualified members and their dependents under this section. The State shall annually remit to the commission the amount certified at a time specified by the State Treasurer.
- f. If a member or the member's dependents, or both, have health care benefits coverage, other than through the member's spouse, immediately preceding the call to active duty and that coverage continues, or is eligible to continue, during active duty status, the coverage provided pursuant to this section shall only be secondary to that primary coverage and shall not cover expenses

which are covered, or which would be covered in the absence of coverage pursuant to this section, in whole or in part, by that prior existing coverage. If that coverage is terminated through the action or inaction of the member, the member's spouse or the member's employer, other than pursuant to terms and conditions in effect immediately preceding the call to active duty, the coverage under this section shall also terminate.

This section shall not be deemed to replace, supersede or modify health care benefits coverage received by the member, the member's spouse or dependents immediately preceding the call to active duty.

- g. Health care benefits coverage shall be provided pursuant to this section only if the provision of such coverage by the State Health Benefits Program does not violate applicable federal statutes in a manner that would change the nature, governance or status of the program.
- h. The Treasurer, in consultation with the Adjutant General, shall adopt regulations to effectuate the purposes of this act pursuant to the "Administrative Procedure Act", P.L.1968, c.410 (C.52:14B-1 et seq.), except that the Treasurer may immediately adopt regulations the Division of Pensions and Benefits deems necessary to implement the provisions of this act, upon the filing of such regulations with the Office of Administrative Law.

23 (cf: P.L.2003, c.142, s.1)

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- 27. Section 1 of P.L.2003, c.172 (C.52:14-17.33a) is amended to read as follows:
- 1. a. Notwithstanding any provision of P.L.1961, c. 49 (C.52:14-17.25 et seq.) to the contrary, a part-time State employee, or a parttime faculty member, including part-time lecturers and adjunct faculty members, at a State public institution of higher education in this State if the public institution of higher education participates in the program, who is enrolled in a State-administered retirement system shall be eligible to participate in the State Health Benefits Program and may purchase health benefits coverage under the program in the State managed care plan as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26) for the employee or faculty member and the dependents of the employee or faculty member. If such an employee or faculty member elects to enroll in the program, the employee or faculty member shall pay the full cost of the coverage selected and the employer shall not be responsible for any costs in connection with the purchase of the coverage, unless the employer shall be obligated to pay all or a portion of such costs in accordance with the provisions of a binding collective negotiations agreement.
- b. The State Health Benefits Commission may establish rules and regulations concerning the enrollment and termination of coverage of employees and faculty members in the State Health Benefits Program, pursuant to this section, and the procedures for the remittance to the program of the cost of coverage.

The employee or faculty member shall also be required to pay a proportionate share of administrative expenses of the program in such amounts and at such times as shall be determined and fixed by the commission. Amounts payable by a participating employee or faculty member for administrative expenses shall be collected in the same manner as premiums or periodic charges are paid and remitted to the State treasury and shall be used for such purposes.

- c. The laws and regulations governing the State Health Benefits Program, except as modified in this section, are applicable to enrollments in the program under this section and shall be construed to apply to part-time employees or faculty members and their dependents in the same manner as to full-time employees or faculty members and their dependents to the extent possible.
- d. Participation in the State Health Benefits Program pursuant to this section shall not qualify the employee or faculty member for employer or State-paid health care benefits in retirement in the program. Upon retirement, such employees or faculty members shall be permitted to enroll in the State managed care plan they were enrolled in prior to retirement through the retired group at their own expense.
- e. The State Health Benefits Commission shall advise eligible employees, and the <u>State</u> public institutions of higher education shall advise eligible faculty members, that they may enroll in the State Health Benefits Program pursuant to this section and shall further advise eligible employees and faculty members, as may be appropriate, of any benefits to which they are entitled upon the termination of their employment. The State Health Benefits Commission shall determine the manner and form of the advisory notice to the employees and faculty members.

30 (cf: P.L.2003, c.172, s.1)

- 32 28. Section 3 of P.L.1964, c.125 (C.52:14-17.34) is amended to 33 read as follows:
 - 3. In order that the New Jersey State Health Benefits Program Act may be extended to include other public [and school] employees, participation by counties, municipalities, [school districts,] public agencies or organizations as defined in section 71 of P.L.1954, c.84 (C.43:15A-71), including the New Jersey Turnpike Authority, [the New Jersey Highway Authority,] the Interstate Environmental Commission, the Delaware River Basin Commission, New Jersey Housing and Mortgage Finance Agency, New Jersey Educational Facilities Authority, [Hackensack] New Jersey Meadowlands [Development] Commission and the Compensation Rating and Inspection Bureau, hereinafter defined as employers, is hereby authorized , provided, however, that no such
- 46 employer shall enroll for coverage under the State Health Benefits
- 47 Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.)

1 employees as defined in section 32 of 2 P.L. , c. (C.)(pending before the Legislature as this bill). 3 (cf: P.L.2000, c.6, s.18)

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- 5 29. Section 4 of P.L.1964, c.125 (C.52:14-17.35) is amended to 6 read as follows:
- 7 4. As used in this act and in the act to which this act is a supplement:
- 8 9 (a) The term "employer" means a county, municipality, [school 10 district, public agency or organization as defined in section 71 of
- 11 P.L.1954, c.84 (C.43:15A-71), including the New Jersey Turnpike
- Authority, [the New Jersey Highway Authority,] the Interstate 12
- 13 Environmental Commission, the Delaware River
- 14 Commission, New Jersey Housing and Mortgage Finance Agency,
- New Jersey Educational Facilities Authority, [Hackensack] New 15
- <u>Jersey</u> Meadowlands [Development] Commission 16
- 17 Compensation Rating and Inspection Bureau. The term "employer"
- 18 shall include a subsidiary corporation or other corporation
- 19 established by the Delaware River Port Authority pursuant to
- subdivision (m) of Article I of the compact creating the authority 20
- (R.S.32:3-2), as defined in section 3 of P.L.1997, c.150 (C.34:1B-21
- 22 146), except that only persons who are employees of the South
- 23 Jersey Port Corporation on the effective date of P.L.1997, c.150
- 24 (C.34:1B-144 et al.) and are re-employed by the subsidiary or other
- 25 corporation within 365 days of the effective date are eligible to 26 participate in the program.
- 27 (b) The term "State Treasury" means the State agency 28 responsible for the administration of the New Jersey State Health
- 29 Benefits Program Act which is to be located in the Division of
- 30 Pensions and Benefits in the Department of the Treasury.
- (cf: P.L.2000, c.6, s.19) 31

- 33 30. Section 5 of P.L.1993, c.8 (C.52:14-17.38b) is amended to read as follows:
- 34 35 5. Notwithstanding the provisions of any other law, rule, or
- 36 regulation to the contrary, any local board of education may elect to
- 37 participate in the State Health Benefits Program upon the
- 38 termination of any contract in effect on the effective date of this
- 39 amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b
- et al.), between the board of education and an insurance company 40
- 41 writing insurance pursuant to Title 17B of the New Jersey Statutes,
- 42 hospital service corporation, medical service corporation, health
- 43 service corporation, or health maintenance organization to provide
- 44 hospital and medical expense benefits. Such election shall be in
- 45 accordance with the laws and regulations otherwise applicable to
- 46 participation by employers other than the State in the program. If
- 47 the board does not elect to participate in the State Health Benefits

- 1 Program at that time, its eligibility to elect such participation
- 2 thereafter shall be subject to the time period specified by the State
- 3 Health Benefits Commission for participating again in the State
- 4 Health Benefits Program after a participant's withdrawal from the
- 5 program. No such election shall be permitted after June 30, 2008.
- 6 (cf: P.L.1993, c.8, s.5)

8 31. (New section) Sections 31 through 41 9 P.L. , c. (C.)(pending before the Legislature as this bill) 10 shall be known and may be cited as the "School Employees' Health 11 Benefits Program Act."

- 32. (New section) As used in the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c. (C.)(pending before the Legislature as this bill):
- a. The term "State" means the State of New Jersey.
- b. The term "commission" means the School Employees' Health Benefits Commission, created by section 33 of P.L., c. (C.)(pending before the Legislature as this bill).
- 21 c. The term "employer" means local school district, regional 22 school district, county vocational school district, county special 23 services school district, jointure commission, educational services 24 commission, State-operated school district, charter school, county 25 college, any officer, board, or commission under the authority of 26 the Commissioner of Education or of the State Board of Education, 27 and any other public entity which is established pursuant to 28 authority provided by Title 18A of the New Jersey Statutes, but 29 excluding the State public institutions of higher education and 30 excluding those public entities where the employer is the State of 31 New Jersey.
- 32 d. The term "employee" means a person employed in any full 33 time capacity by an employer, and shall include persons defined as 34 a school employee by the regulations of the State Health Benefits 35 Commission in effect on the effective date of the School 36 Employees' Health Benefits Program Act. "Full-time" shall have 37 the same meaning as in the regulation of the State Health Benefits 38 Commission regarding local coverage in effect on the effective date 39 of the School Employees' Health Benefits Program Act. The term 40 "employee" shall not include persons employed on a short-term, 41 seasonal, intermittent, or emergency basis, persons compensated on 42 a fee basis, persons having less than two months of continuous 43 service or persons whose compensation is limited to reimbursement 44 of necessary expenses actually incurred in the discharge of their 45 official duties. An employee paid on a 10-month basis, pursuant to 46 an annual contract, shall be deemed to have satisfied the two-month 47 waiting period if the employee begins employment at the beginning of the contract year. The term "employee" shall also not include 48

- 1 retired persons who are otherwise eligible for benefits under the
- 2 School Employees' Health Benefits Program but who, although
- 3 they meet the age or disability eligibility requirement of Medicare,
- 4 are not covered by Medicare Hospital Insurance, also known as
- 5 Medicare Part A, and Medicare Medical Insurance, also known as
- 6 Medicare Part B. A determination by the commission that a person
- 7 is an eligible employee for the purposes of the School Employees'
- 8 Health Benefits Program shall be final and binding on all parties.
- 9 e. The term "dependents" means an employee's spouse, 10 domestic partner, or partner in a civil union couple, and unmarried
- children under the age of 23 years who live in a regular parent/child
- relationship. "Children" shall include stepchildren, legally adopted
- children and children placed by the Division of Youth and Family
- Services in the Department of Children and Families, provided they
- are reported for coverage and are wholly dependent upon the
- 16 employee for support and maintenance. A spouse, domestic
- partner, partner in a civil union couple, or child enlisting or
- inducted into military service shall not be considered a dependent
- during the military service. The term "dependents" shall not
- 20 include spouses, domestic partners, or partners in a civil union
- 21 couple, of retired persons who are otherwise eligible for the benefits
- 22 under the School Employees' Health Benefits Program but who,
- 23 although they meet the age or disability eligibility requirement of
- 24 Medicare, are not covered by Medicare Hospital Insurance, also
- 25 known as Medicare Part A, and Medicare Medical Insurance, also
- 26 known as Medicare Part B.
- 27 f. The term "carrier" means a voluntary association, corporation
- 28 or other organization, including but not limited to a health
- 29 maintenance organization as defined in section 2 of the "Health
- 30 Maintenance Organizations Act," P.L.1973, c.337 (C.26:2J-2),
- 31 which is lawfully engaged in providing or paying for or reimbursing
- 32 the cost of, personal health services, including hospitalization,
- 33 medical and surgical services under insurance policies or contracts,
- 34 membership or subscription contracts, or the like, in consideration
- of premiums or other periodic charges payable to the carrier.
 - g. The term "hospital" means:
- 37 (1) an institution operated pursuant to law which is primarily
- 38 engaged in providing on its own premises, for compensation from
- 39 its patients, medical diagnostic and major surgical facilities for the
- 40 care and treatment of sick and injured persons on an inpatient basis,
- 41 and which provides such facilities under the supervision of a staff
- 42 of physicians and with 24 hour a day nursing service by registered
- 43 graduate nurses, or

- 44 (2) an institution not meeting all of the requirements of
- 45 paragraph (1) but which is accredited as a hospital by the Joint
- 46 Commission on Accreditation of Hospitals. In no event shall the
- 47 term "hospital" include a convalescent nursing home or any
- 48 institution or part thereof which is used principally as a

1 convalescent facility, residential center for the treatment and 2 education of children with mental disorders, rest facility, nursing 3 facility or facility for the aged or for the care of drug addicts or 4 alcoholics.

- h. The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
- 9 i. The term "managed care plan" means a health care plan under 10 which comprehensive health care services and supplies are provided 11 to eligible employees, retirees, and dependents: (1) through a group 12 of doctors and other providers employed by the plan; or (2) through 13 an individual practice association, preferred provider organization, 14 or point of service plan under which services and supplies are 15 furnished to plan participants through a network of doctors and 16 other providers under contracts or agreements with the plan on a 17 prepayment or reimbursement basis and which may provide for 18 payment or reimbursement for services and supplies obtained 19 outside the network. The plan may be provided on an insured basis 20 through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under 21 22 contracts with the State.
 - j. The term "successor plan" means a managed care plan that shall replace the "traditional plan," as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), and that shall provide benefits as set forth in section 36 of P.L. , c. (C.)(pending before the Legislature as this bill), and provide out-of-network benefits to participants with a payment by the plan of 80% of reasonable and charges as set forth in customary section P.L., c. (C.)(pending before the Legislature as this bill) and as may be adjusted in accordance with section 40 of P.L., c. (C.)(pending before the Legislature as this bill).

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- 33. (New section) a. There is hereby created a School Employees' Health Benefits Commission, consisting of nine members:
- (1) the State Treasurer and the Commissioner of the Department of Banking and Insurance serving ex officio;
- 39 (2) a member appointed by the Governor who is a New Jersey 40 resident and is qualified by experience, education, or training in the 41 review, administration, or design of health insurance plans for self-42 insured employers;
- 43 (3) a member appointed by the Governor from among three 44 persons nominated by the New Jersey School Boards' Association, 45 which member shall be qualified by experience, education, or 46 training in the review, administration, or design of health insurance 47 plans for self-insured employers;

(4) three members appointed by the Governor from among five persons nominated by the New Jersey Education Association, of whom two shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;

- (5) a member appointed by the Governor from among three persons nominated by the education section of the New Jersey State AFL-CIO, which member shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers; and
- (6) a member appointed pursuant to subsection b. of this section who shall be the chairperson.
- b. The Governor shall appoint the chairperson from among three persons nominated jointly by at least six of the eight members appointed pursuant to subsection a. of this section.
- c. If the Governor declines to make an appointment from among the persons nominated for membership, the Governor shall request that a new list of nominees be provided in compliance with subsection a. of this section. If the Governor declines to make an appointment from the new list, the process set forth in this subsection shall be repeated until the Governor makes an appointment from a list of nominees. Except with respect to the appointment of the chairperson, if a new list of nominees is not submitted within 45 days of the Governor's request, the Governor shall make the appointment without the need to select from any list of nominees.
- d. The initial terms of the members of the commission shall be as follows:
- (1) the member appointed pursuant to paragraph (3) of subsection a. of this section and the two members appointed pursuant to paragraph (4) of subsection a. of this section who are required to be qualified by experience, education, or training shall serve for a term of three years;
- (2) the member appointed pursuant to paragraph (2) of subsection a. of this section, the member appointed pursuant to paragraph (4) of subsection a. of this section who is not required to be qualified by experience, education, or training, and the member appointed pursuant to paragraph (5) of subsection a. of this section shall serve for a term of two years; and
 - (3) the chairperson shall serve for a term of six years.

All subsequent terms shall be for three years, except that the term of the chairperson shall be five years. A member of the commission may be reappointed to succeeding terms without limit in the same manner as the original appointment. A vacancy occurring on the commission shall be filled in the same manner as the original appointment and only for the unexpired term.

1 34. (New section) The School Employees' Health Benefits 2 Program, authorized by sections 31 through 3 P.L., c. (C.)(pending before the Legislature as this bill), 4 shall be administered in the Department of the Treasury. 5 Administrative services required by the commission shall be 6 provided through the Division of Pensions and Benefits, and the 7 Director of the Division of Pensions and Benefits shall be the 8 secretary of the commission. The commission shall establish a 9 health benefits program for the school employees of the State, the 10 cost of which shall be paid as specified in this act. The commission 11 shall, by a majority vote of its full authorized membership, establish 12 and change rules and regulations as may be deemed reasonable and 13 necessary for the administration of this act. Until such rules and 14 regulations are established, the rules and regulations of the State 15 Health Benefits Commission shall be deemed to apply to the School 16 Employees' Health Benefits Program. 17

The Attorney General shall be the legal advisor of the commission.

The members of the commission shall serve without compensation but shall be reimbursed for any necessary expenditure.

The commission shall ensure that audits and reviews are performed as required by section 40 of P.L. , c. (C.) (pending before the Legislature as this bill). Actions of the commission related to such audits and reviews shall require a majority vote of the full authorized membership of the commission to be approved.

Except as otherwise specified in this act, actions of the commission shall require the affirmative vote of a majority of the members present at a meeting at which a majority of the full authorized membership is present.

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35. (New section) a. The commission shall negotiate with and arrange for the purchase, on such terms as it deems in the best interests of the State, participating employers and those persons covered hereunder from carriers licensed to operate in the State or in other jurisdictions, as appropriate, contracts providing benefits required by the School Employees' Health Benefits Program Act, as specified in section 36 of P.L. , c. (C.)(pending before the Legislature as this bill), or such benefits as the commission may determine to provide, so long as such modification of benefits are in the best interests of the State, participating employers and those persons covered hereunder, and are consistent with the provisions of section 40 of that act. The commission shall have authority to execute all documents pertaining thereto for and on behalf of the State. The commission shall not enter into a contract under the School Employees' Health Benefits Program Act, unless the benefits provided thereunder are equal to or exceed the standards

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specified in section 36 of that act, or as such standards are modified pursuant to section 40 of that act.

- b. The rates charged for any contract purchased under the authority of the School Employees' Health Benefits Program Act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined based upon accepted group rating principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.
- c. The commission shall be authorized to accept an assignment of contract rights from or enter into an agreement, contract, memorandum of understanding or other terms with the State Health Benefits Commission to ensure that coverage for eligible employees, retirees and dependents under the School Employees' Health Benefits Program whose benefits had been provided through the State Health Benefits Program is continued without interruption. The transition provided for in this subsection shall occur within one year of the effective date of the School Employees' Health Benefits **Program** Act, sections through P.L., c. (C.)(pending before the Legislature as this bill).
 - d. Benefits under the contract or contracts purchased as authorized by the School Employees' Health Benefits Program Act may be subject to such limitations, exclusions, or waiting periods as the commission finds to be necessary or desirable to avoid inequity, unnecessary utilization, duplication of services or benefits otherwise available, including coverage afforded under the laws of the United States, such as the federal Medicare program, or for other reasons.
 - e. The initial term of any contract purchased by the commission under the authority of the School Employees' Health Benefits Program Act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic renewal in the absence of notice of termination by the commission. Subsequent terms for which any contract may be renewed as herein provided shall each be limited to a period not to exceed one year.

36. (New section) a. Notwithstanding the provisions of any other law to the contrary, the commission shall not enter into a contract under the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c (C.)(pending before the Legislature as this bill), for the benefits provided pursuant to the act, unless the level of benefits provided under the contract entered into is equal to or exceeds the level of benefits provided in this section, or as modified pursuant to section 40 of that act. Only benefits for medically necessary services that are not deemed

- 1 experimental, investigative or otherwise not eligible medical 2 services shall be provided. The determination that services are not 3 "eligible medical services" shall be made by the commission consistent with the best interests of the State, participating 4 5 employers and those persons covered hereunder. Benefits for services provided pursuant to the School Employees' Health 6 7 Benefits Act shall be subject to limits or exclusions consistent with those that apply to benefits provided pursuant to the New Jersey 8 9 State Health Benefits Program Act. The services provided pursuant 10 to this section shall include all services, subject to applicable limits 11 and exclusions, provided through the State Health Benefits Program 12 as of July 1, 2007. The list of services in subsection b. of this section is not intended to be exclusive or to require that any limits 13 14 or exclusions be exceeded. 15 b. The services covered hereunder by the School Employees' 16 Health Benefits Program shall include: 17 (1) Physician services, including: 18 (a) Inpatient services, including: 19 (i) medical care including consultations; 20 (ii) surgical services and services related thereto; and 21 (iii) obstetrical services including normal delivery, 22 cesarean section, and abortion. 23 (b) Outpatient/out-of-hospital services, including: 24 (i) office visits for covered services and care; 25 (ii) allergy testing and related diagnostic/therapy 26 services; 27 (iii) dialysis center care; 28 (iv) maternity care; 29 (v) well child care; 30 (vi) child immunizations/lead screening; 31 (vii) routine adult physicals including pap, mammography, and prostate examinations; and 32 33 (viii) annual routine obstetrical/gynecological exam. 34 (2) Hospital services, both inpatient and outpatient, including:
- 35 (a) room and board;
- (b) intensive care and other required levels of care; 36
- 37 (c) semi-private room;
- 38 (d) therapy and diagnostic services;
- 39 (e) surgical services or facilities and treatment related
- 40 thereto;
- 41 (f) nursing care;
- (g) necessary supplies, medicines, and equipment for care; 42
- 43
- 44 (h) maternity care and related services.
- 45 (3) Other facility and services, including:
- 46 (a) approved treatment centers for medical emergency/
- 47 accidental injury;
- 48 (b) approved surgical center;

- 1 (c) hospice;
- 2 (d) chemotherapy;
- 3 (e) diagnostic x-ray and lab tests;
- 4 (f) ambulance;
- 5 (g) durable medical equipment;
- 6 (h) prosthetic devices;
- 7 (i) foot orthotics;

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- 8 (j) diabetic supplies and education; and
 - (k) oxygen and oxygen administration.
- 10 Benefits under the contract or contracts purchased as 11 authorized by the School Employees' Health Benefits Program Act 12 shall include those for the treatment of alcoholism where such 13 treatment is prescribed by a physician and shall also include treatment while confined in or as an outpatient of a licensed 14 15 hospital or residential treatment program which meets minimum 16 standards of care equivalent to those prescribed by the Joint 17 Commission on Hospital Accreditation. No benefits shall be provided beyond those stipulated in the contracts held by the School 18 19 Employees' Health Benefits Commission.
 - Benefits under the contract or contracts purchased as authorized by the School Employees' Health Benefits Program Act shall include those for mental health services subject to limits and exclusions consistent with those that apply to benefits for such services pursuant to the New Jersey State Health Benefits Program Act. Coverage for biologically-based mental illness, as defined in section 1 of P.L.1999, c.441 (C.52:14-17.29d), shall be provided in accordance with section 2 of P.L.1999, c.441 (C.52:14-17.29e).
 - Coverage provided under the School Employees' Health Benefits Program Act shall include coverage for all services for which coverage is mandated in the State Health Benefits Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.).
 - f. (1) As used in this subsection:
 - (a) "brand name" means the proprietary or trade name assigned to a drug product by the manufacturer or distributor of the drug product.
 - (b) "carrier" means an insurance company, hospital, medical, or health service corporation, preferred provider organization, or health maintenance organization under agreement or contract with the commission to administer the School Employee Prescription Drug Plan.
 - (c) "School Employee Prescription Drug Plan" means the plan for providing payment for eligible prescription drug expenses of members of the School Employees' Health Benefits Program and their eligible dependents.
- (d) "generic drug products" means prescription drug products 46 and insulin approved and designated by the United States Food and Drug Administration as therapeutic equivalents for reference listed 48 drug products. The term includes drug products listed in the New

Jersey Generic Formulary by the Drug Utilization Review Council pursuant to P.L.1977, c.240 (C.24:6E-1 et al.).

- (e) "mail-order pharmacy" means the mail order program available through the carrier.
- (f) "preferred brands" means brand name prescription drug products and insulin determined by the carrier to be more cost effective alternative for prescription drug products and insulin with comparable therapeutic efficacy within a therapeutic class, as defined or recognized in the United States Pharmacopeia or the American Hospital Formulary Service Drug Information, or by the American Society of Health Systems Pharmacists. A drug product for which there is no other therapeutically equivalent drug product shall be a preferred brand. Determinations of preferred brands by the carrier shall be subject to review and modification by the commission.
 - (g) "retail pharmacy" means a pharmacy, drug store or other retail establishment in this State at which prescription drugs are dispensed by a registered pharmacist under the laws of this State, or a pharmacy, drug store or other retail establishment in another state at which prescription drug products are dispensed by a registered pharmacist under the laws of that state if expenses for prescription drug products dispensed at the pharmacy, drug store, or other retail establishment are eligible for payment under the School Employee Prescription Drug Plan.
 - (h) "other brands" means prescription drug products which are not preferred brands or generic drug products. A new drug product approved by the United States Food and Drug Administration which is not a generic drug product shall be included in this category until the carrier makes a determination concerning inclusion of the drug product in the list of preferred brands.
- (2) (a) Employers that participate in the School Employees' Health Benefits Program may offer to their employees and eligible dependents:
- (i) enrollment in the School Employee Prescription Drug Plan, or
 - (ii) enrollment in another free-standing prescription drug plan, or
- (iii) election of prescription drug coverage under their health care coverage through the School Employees' Health Benefits Program plan or as otherwise determined by the commission.
- (b) A co-payment shall be required for each prescription drug expense if the employer chooses to participate in the School Employee Prescription Drug Plan. The initial amounts of the co-payments shall be the same as those in effect on July 1, 2007 for the employee prescription drug plan offered through the State Health Benefits Program.
- 46 (c) If the employer elects to offer a free-standing prescription 47 drug plan, the employee's share of the cost for this prescription drug 48 plan may be determined by means of a binding collective

negotiations agreement, including any agreements in force at the time the employer commences participation in the School Employees' Health Benefits Program.

- (d) If an employee declines the employer's offering of a free-standing prescription drug plan, no reimbursement for prescription drugs shall be provided under the health care coverage through the School Employees' Health Benefits Program plan in which the employee is enrolled.
- (e) Prescription drug classifications that are not eligible for coverage under the employer's prescription drug plan shall also not be eligible for coverage under the health care coverage through the School Employees' Health Benefits Program plan except as federally or State mandated.
- (f) If the employer elects to not offer a free-standing prescription drug plan, then the employer shall offer prescription drug coverage under the health care coverage through the School Employees' Health Benefits Program plan or as determined by the commission. Any plan that has in-network and out-of-network coverage shall cover prescription drugs at 90% in-network and at the out-of-network rate applicable to health care coverage in the plan. The out-of-pocket amounts paid towards prescription drugs shall be combined with out-of-pocket medical payments to reach all out-of-pocket maximums.
- (g) Health care coverages through the School Employees' Health Benefits Program that only have in-network benefits shall include a prescription card with co-payment amounts the same as those in effect on July 1, 2007 for such coverages offered through the State Health Benefits Program.
- (h) In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section 40 of that act, review the prescription drug program established in this subsection and may make changes in the program pursuant to the terms of section 40 by majority vote of the full authorized membership of the commission.

37. (New section) Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and to qualified employees, retirees and dependents a managed care plan in which the office co-payment amount shall be \$10 per visit with a maximum out-of-pocket of \$400 per individual and \$1,000 per family for in-network services for each calendar year. The out-of-network deductible shall be \$100 per individual and \$250 per family for each calendar year with the plan paying for 80% of reasonable and customary charges as defined herein up to an out-of-pocket maximum that shall not exceed \$2,000 per individual and \$5,000 per family for each calendar year.

In the successor plan, the in-network out-of-pocket payments shall count toward the out-of-network out-of-pocket maximums.

Any lifetime maximum for out-of-network services shall not be less

4 than any maximums in effect under the State Health Benefits

Program as of July 1, 2007. There shall be no lifetime maximum

6 for in-network services.

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The carrier that administers the successor plan shall make available to the plan participants through in-network and out-of-network providers access to physicians and hospitals sufficient in geographic scope and number to provide access to health care services that is substantially equivalent to the access to health care services available through the State Health Benefits Program as of July 1, 2007.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall be authorized to offer to participating employers and qualified employees, retirees and dependents managed care plans in which the in-network per visit charge shall not exceed \$15 per visit and the out of network reimbursement shall be 70% of reasonable and customary charges as defined herein, provided the in-network and out-of-network maximums and deductibles do not exceed the limits set forth above.

The amounts of maximums, co-pays, deductibles, and other participant costs shall be reviewed, as part of the fifth year audit undertaken pursuant to section 40 of P.L. , c. (C.)(pending before the Legislature as this bill). The commission shall make changes in such amounts pursuant to section 40 by majority vote of the full authorized membership of the commission.

"Reasonable and customary charges" means, for any out-ofnetwork payment made by a carrier, charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and qualified employees, retirees and dependents one or more health maintenance organization plans.

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38. (New section) a. Retirees and eligible dependents who participate in the School Employees' Health Benefits Program shall be eligible to participate in the School Retiree Prescription Drug Plan. The definitions in subsection f. of section 36 of P.L., c. (C.)(pending before the Legislature as this bill) shall apply to the School Retiree Prescription Drug Plan.

b. There shall be no annual deductible amount that retirees or their eligible dependents shall be required to satisfy before eligibility for payment of prescription drug expenses under the School Retiree Prescription Drug Plan.

- c. Eligibility of prescription drug expenses for coverage under the School Retiree Prescription Drug Plan shall be determined on the same basis as reasonable and necessary medical expenses under the School Employees' Health Benefits Program.
- d. A co-payment shall be required for each prescription drug expense until a retiree or eligible dependent satisfies the maximum annual out-of-pocket expense for a calendar year prescribed in subsection f. of this section. The amounts of the co-payments shall be the same as those in effect as of July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of co-payment.
- e. The supply of a drug product eligible for coverage under the School Retiree Prescription Drug Plan for each prescription drug expense shall be limited to 30 days if the prescription is filled at a retail pharmacy, and 90 days if the prescription is filled through the mail-order pharmacy.
- f. The amount of out-of-pocket expense that a retiree or eligible dependent shall pay in a calendar year for eligible prescription drug expenses under the School Retiree Prescription Drug Plan shall be limited in the first year of the plan to the amount in effect on July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of out-of-pocket expense.
- g. In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section P.L.)(pending before the Legislature as this bill), , c. (C. review the amounts established in this section and make any changes that it deems appropriate pursuant to section 40 of P.L., c.)(pending before the Legislature as this bill) by (C. majority vote of the full authorized membership of the commission.

- 39. (New section) a. For each active covered employee and for the eligible dependents the employee may have enrolled at the employee's option, from funds appropriated therefor, the employer shall pay to the commission the premium or periodic charges for the benefits provided under the contract in amounts equal to the premium or periodic charges for the benefits provided under such a contract covering the employee and the employee's enrolled dependents.
- b. The obligations of any employer to pay the premium or periodic charges for health benefits coverage provided under the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c. (C.)(pending before the Legislature as this bill), may be determined by means of a binding collective

- negotiations agreement, including any agreement in force at the time the employer commences participation in the School Employees' Health Benefits Program. With respect to employees for whom there is no majority representative for collective negotiations purposes, the employer may, in its sole discretion, modify the respective payment obligations set forth in law for the employer and such employees in a manner consistent with the terms of any collective negotiations agreement binding on the employer.
 - c. There is hereby established a School Employee Health Benefits Program fund consisting of all contributions to premiums and periodic charges remitted to the State treasury by participating employers for employee coverage. All such contributions shall be deposited in the fund and the fund shall be used to pay the portion of the premium and periodic charges attributable to employee and dependent coverage.
 - d. Notwithstanding any law to the contrary, the payment in full of premium or periodic charges for eligible retirees and their dependents pursuant to section 3 of P.L.1987, c.384 (C.52:14-17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1), or section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be continued without alteration or interruption and there shall be no premium sharing or periodic charges for school employees in retirement once they have met the criteria for vesting for pension benefits, which criteria for purposes of this subsection only shall mean the criteria for vesting in the Teachers' Pension and Annuity Fund. For purposes of this subsection, "premium sharing or periodic charges" shall mean payments by eligible retirees based upon a proportion of the premiums for health care benefits.

40. (New section) a. The School Employees' Health Benefits Commission shall publish annually, at least 30 days prior to the commencement of the open enrollment period for that year, a report showing the fiscal transactions of the program for the preceding calendar year and stating other facts pertinent to the program and all participating employers.

b. At the same time as the annual report is published, the commission shall publish an audit report of the program's costs and the aggregate usage of plan participants during the preceding calendar year, which audit shall be prepared by a qualified independent auditor selected by the commission in accordance with applicable laws regarding selection of auditing services. The independent auditor shall include in its report specific recommendations that are projected to result in cost savings to the State and to participating employers.

The specific recommendations to be submitted in the annual audit report shall include, but not be limited to, savings achievable through disease management, prescription benefit management, and elimination of administrative and program inefficiencies. In

addition, the annual audit may recommend changes to the benefits provided under the School Employees' Health Benefits Program that improve the overall ability to retain and attract eligible employees.

- c. The commission shall submit the annual report and annual audit report to the Governor and the Legislature, and shall make these reports available to every participating employer.
- d. At the start of the fifth year following the initial appointment of all of its members, and at the start of every fifth year thereafter, the commission shall contract with an independent, qualified auditor, separate from the person performing the annual audit described in subsection b. of this section, for a comprehensive review and audit of all elements of the program, as well as the plan design and structure for each plan offered by the commission. The auditor shall be qualified by experience, training, resources, and education to perform intensive audits of public health insurance plans that are of a similar size and scope and shall be familiar with benefit designs of employers that are eligible but do not participate in the commission. The auditor shall be selected in accordance with applicable law.
- e. Each fifth year review and audit shall be the annual audit for that year and the review shall include all of the elements contained in the annual audit plus the additional reviews set forth in this subsection. In addition to performing the tasks of the annual audit, the auditor selected for a fifth year review shall review the program plan design, and plan structure and may issue recommendations for cost sharing measures, including modifications of co-payments, deductibles, out-of-pocket maximums, limits, exclusions, and other measures to be considered for implementation by the commission. The commission is authorized to implement such recommendations pursuant to majority vote of the full authorized membership of the commission.

The commission shall submit the five-year review and audit report to the Governor and the Legislature and shall make the report available to every participating employer.

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41. (New section) All provisions of P.L.1961, c.49 (C.52:14-17.25 et seq.) applicable to the State Health Benefits Program shall, except as expressly stated in the School Employees' Health Benefits Program Act, be construed as applicable to participating employers and to their employees and to dependents of such employees, and to retirees and to dependents of such retirees, in the School Employees' Health Benefits Program.

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- 45 42. Section 3 of P.L.1987, c.384 (C.52:14-17.32f) is amended to 46 read as follows:
- 3. A qualified retiree from the Teachers' Pension and Annuity Fund (N.J.S.18A:66-1 et seq.) and dependents of a qualified retiree,

- 1 but not including survivors, are eligible to participate in the
- 2 [program] State Health Benefits Program until June 30, 2008, and
- 3 <u>beginning July 1, 2008, in the School Employees' Health Benefits</u>
- 4 <u>Program</u>, regardless of whether the retiree's employer participated
- 5 in the program.
- 6 A qualified retiree is a retiree who:
- 7 a. Retired on a benefit based on 25 or more years of service 8 credit;
- 9 b. Retired on a disability pension based on fewer years of 10 service credit; or
 - c. Elected deferred retirement based on 25 or more years of service credit and who receives a retirement allowance.

The program shall reimburse a qualified retiree who participates in the program for the premium charges under Part B of the federal medicare program for the retiree and the retiree's spouse. A qualified retiree who retired under subsections a. and b. of this section prior to the effective date of this 1987 amendatory and supplementary act is eligible for the coverage if the retiree applies to the program for it within one year after the effective date, and a qualified retiree as defined under subsection c. of this section whose retirement allowance commenced prior to the effective date of this 1992 amendatory act is eligible for the coverage if the retiree applies to the program for it within one year after the effective date.

The premium or periodic charges for benefits provided to a qualified retiree and the dependents of the retiree, and the cost for reimbursement of medicare premiums shall be paid by the [Teachers' Pension and Annuity Fund] State.

(cf: P.L.1994, c.62, s.12)

- 30 43. Section 2 of P.L.1987, c.385 (C.18A:66-18.1) is amended to read as follows:
- 2. **[a.]** Pension adjustment benefits for members and beneficiaries of the Teachers' Pension and Annuity Fund as provided by the "Pension Adjustment Act," P.L.1958, c.143 (C.43:3B-1 et seq.), shall be paid by the retirement system and shall be funded as employer obligations by the same method provided by law for the funding of employer obligations for the basic retirement benefits provided by the retirement system.
 - [b. Health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f) shall be funded and paid by the retirement system through a separate fund or trust of the retirement system in accordance with the requirements of the federal Internal Revenue Code. Beginning with the actuarial valuation period ending March 31, 1994, the actuary of the retirement system shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to

1 provide that the balance in the fund as of the end of the following 2 valuation period shall be increased by 1/2 of 1% of the salary of the 3 active members for the valuation period, except that contributions 4 to increase the balance in the fund shall not be made in State fiscal 5 years 2002 and 2003. Beginning with the actuarial valuation period 6 ending June 30, 2002, the contribution shall be computed to provide 7 that the balance in the fund shall be increased by 3/5 of 1% of the 8 salary of the active members for the valuation period. Any monies 9 in a separate fund or trust maintained by the retirement system to 10 pay for health care benefits for qualified retirees and their 11 dependents as provided in this section may be used in State fiscal 12 year 2002 to pay the premiums or periodic charges for the benefits. 13 If the assets in the fund are insufficient to pay the premiums or 14 periodic charges for the benefits, they shall be paid directly by the 15 Nothing hereinabove shall alter health care benefits for 16 qualified retirees and their dependents or relieve the State from its 17 acknowledged obligation to fund the benefits. 18

(cf: P.L.2002, c.11, s.1)

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44. Section 2 of P.L.1990, c.6 (C.43:15A-24.1) is amended to read as follows:

2. a. Pension adjustment benefits for members and beneficiaries of the Public Employees' Retirement System provided by the "Pension Adjustment Act," P.L.1958, c.143 (C.43:3B-1 et seq.), shall be paid by the retirement system and shall be funded as employer obligations by the same method provided by law for the funding of employer obligations for the basic retirement benefits provided by the retirement system. Normal and accrued liability contributions for pension adjustment benefits for active employees of employers other than the State shall be determined for the 1992 valuation year and shall be phased in so that the level of recognition of the full normal and accrued liability contributions for the State and other employers shall be 20% for valuation year 1992 and 24% for valuation year 1993, and shall be increased by 2.24% for each valuation year thereafter until the full normal and accrued liability contributions are fully recognized.

[b. Health care benefits for retired State employees and their dependents for which the State is required to pay the premiums or periodic charges under the "New Jersey State Health Benefits Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.), shall be funded and paid by the retirement system through a separate fund or trust of the retirement system in accordance with the requirements of the federal Internal Revenue Code. Beginning with the actuarial valuation period ending March 31, 1994, the actuary of the retirement system shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in

1 the fund as of the end of the following valuation period shall be 2 increased by 1/2 of 1% of the salary of the active members for the 3 valuation period, except that contributions to increase the balance in 4 the fund shall not be made in State fiscal years 2002 and 2003. 5 Beginning with the actuarial valuation period ending June 30, 2002, 6 the contribution shall be computed to provide that the balance in the 7 fund shall be increased by 3/5 of 1% of the salary of the active 8 members for the valuation period. Any monies in a separate fund or 9 trust maintained by the retirement system to pay for health care 10 benefits for qualified retirees and their dependents as provided in 11 this section may be used in State fiscal year 2002 to pay the 12 premiums or periodic charges for the benefits. If the assets in the 13 fund are insufficient to pay the premiums or periodic charges for 14 the benefits, they shall be paid directly by the State. Nothing 15 hereinabove shall alter health care benefits for qualified retirees and 16 their dependents or relieve the State from its acknowledged 17 obligation to fund the benefits.

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(cf: P.L.2002, c.11, s.2)

- 45. Section 3 of P.L.1993, c.8 (C.52:14-17.38c) is amended to read as follows:
- 3. With respect to any policy or contract between a local board of education and an insurance company writing insurance pursuant to Title 17B of the New Jersey Statutes, hospital service corporation, medical service corporation, health service corporation, or health maintenance organization which provides hospital or medical expense benefits:
- a. upon the commencement of any policy or contract entered into after the effective date of this amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b et al.); or
- 31 in the case of any policy or contract in effect as of the 32 effective date of this act, no earlier than the second anniversary date 33 after the effective date of this act of any such policy or contract, the 34 insurance company, hospital service corporation, medical service corporation, health service corporation, or health maintenance 35 36 organization shall annually pay to the State Health Benefits 37 Program a surcharge in the form of a percentage of the claims paid 38 by the insurance company, hospital service corporation, medical 39 service corporation, health service corporation, or 40 maintenance organization which are attributable to the coverage of 41 the employees of the board and their dependents for the time period 42 from July 1 through the following June 30, except that if the 43 commencement or the second anniversary date of the policy or 44 contract occurs after July 1, the initial surcharge shall be prorated 45 for the remainder of that year from July 1 through the following 46 June 30. The surcharge shall be paid on or before December 31 of 47 the time period for which it is payable in the manner prescribed 48 hereinafter, except that if the commencement or second anniversary

1 date of the policy or contract occurs on or after November 1, an 2 estimated initial surcharge shall be paid no later than the end of the 3 sixth month following the commencement or anniversary date of the 4 policy or contract or July 1 following the commencement or 5 anniversary date of the policy or contract, whichever is earlier, and 6 the actual surcharge payable for the initial time period shall be 7 determined and adjustments, if any, shall be made to the surcharge 8 payable for the succeeding time period in the manner prescribed 9 hereinafter.

10 The initial surcharge percentage for the time period July 1, 1993 11 through June 30, 1994 shall be 3.25%. The State Treasurer shall 12 thereafter annually redetermine the surcharge percentage, which 13 shall be the percentage of total claims paid for active employees and 14 for retired employees receiving health care coverage under the State 15 Health Benefits Program pursuant to section 3 of P.L.1987, c.384 16 (C.52:14-17.32f) or subsection a. of section 2 of P.L.1992, c.126 17 (C.52:14-17.32f1) who are not eligible for Medicare which is 18 reasonably attributable to the excess claim cost for these retired 19 employees. The State Treasurer shall annually provide an estimated 20 surcharge percentage based upon the claims paid for the 12 months 21 immediately preceding the time period for which the surcharge is 22 payable. Except as otherwise provided herein in the case of the 23 initial surcharge, each organization shall pay to the State Health 24 Benefits Program an estimated surcharge on or before December 31 25 of the time period for which the surcharge is payable, which shall 26 be the amount determined by multiplying the total claims paid by 27 the organization for the coverage for the 12 months immediately 28 preceding the time period for which the surcharge is payable by the 29 estimated surcharge percentage. Within three months after the time 30 period for which the surcharge is payable, the State Treasurer shall 31 determine the actual surcharge percentage for the time period based 32 upon the actual claims experience for the period. The surcharge for 33 the succeeding time period shall be increased or decreased, as 34 appropriate, by the difference between the estimated surcharge paid 35 and the surcharge due based upon the actual claims experience.

This section shall apply to any policy or contract in which the insurer has reserved the right to change the premium.

Beginning July 1, 2008, a reference to the State Health Benefits Program in this section shall mean the School Employees' Health Benefits Program, established pursuant to sections 31 through 41 of P.L., c. (C.)(pending before the Legislature as this bill). (cf: P.L.1993, c.8, s.3)

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46. Section 8 of P.L.1961, c.49 (C.52:14-17.32) is amended to read as follows:

8. a. The **[**basic coverage and the major medical**]** <u>health care</u> <u>benefits</u> coverage of any employee, and the employee's dependents, if any, shall cease upon the discontinuance of the term of office or

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1 employment or upon cessation of active full-time employment 2 subject to such regulations as may be prescribed by the commission 3 for limited continuance of [basic coverage and major medical] 4 coverage during disability, part-time employment, leave of absence 5 or lay off, and for continuance of [basic coverage and major 6 medical coverage after retirement, any such continuance after 7 retirement to be provided at such rates and under such conditions as 8 shall be prescribed by the commission, subject, however, to the 9 requirements hereinafter set forth in this section. Notwithstanding 10 the provisions of any law to the contrary, for law enforcement 11 officers employed by the State for whom there is a majority 12 representative for collective negotiation purposes, and for 13 nonaligned sworn members of the Division of State Police who 14 retire after July 1, 2005, the coverage options available to such 15 employees in retirement shall be limited to those options that were available to the employee on the employee's last day of 16 17 employment. The commission may also establish regulations 18 prescribing an extension of coverage when an employee or 19 dependent is totally disabled at termination of coverage.

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b. Rates payable by retired employees for themselves and their dependents, by active employees for dependents covered by medicare benefits, and by the State or other employer for an active employee alone covered by medicare benefits, shall be determined on the basis of utilization experience according to classifications determined by the commission, provided, however, that the total rate payable by such retired employee for the employee and the employee's dependents, or by such active employee for the employee's dependents and the State or other employer for such active employee alone, for coverage hereunder and for Part B of medicare, shall not exceed by more than 25%, as determined by the commission, the total amount which would have been required to have been paid by the employee and by the State or other employer for the coverage maintained had the employee continued in office or active employment and the employee and the employee's dependents were not eligible for medicare benefits. "Medicare" as used in this act means the coverage provided under Title XVIII of the Social Security Act as amended in 1965, or its successor plan or

c. (1) From funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if such employee retired from one or more State or locally-administered retirement systems on a benefit or benefits based in the aggregate on 25 years or more of nonconcurrent service credited in the retirement systems, excluding service credited under the Defined Contribution Retirement Program established pursuant to P.L.2007, c.92 (C.43:15C-1 et al.), and excepting the employee who elected deferred retirement, but

including the employee who retired on a disability pension based on fewer years of service credited in the retirement systems and shall also reimburse such retired employee for the premium charges under Part B of the federal medicare program covering the retired employee and the employee's spouse. In the case of full-time employees of the Rutgers University Cooperative Extension Service, service credited in the federal Civil Service Retirement System (5 U.S.C.s.8331 et seq.) which was earned as a result of full-time employment at Rutgers University, may be considered alone or in combination with service credited in one or more State or locally-administered retirement systems for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section. Any full-time employee of the Rutgers University Cooperative Extension Service who meets the eligibility requirements set forth in this amendatory act shall be eligible for the benefits provided in this section, provided that at the time of retirement such employee was covered by the State Health Benefits Program and elected to continue such coverage into retirement.

(2) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if: (a) the employee retires on or after the effective date of this 1987 amendatory act; (b) the employee was employed by Rutgers University prior to January 2, 1955 and remained in continuous service with Rutgers University until retirement even though the employee (i) did not join a State-administered retirement system, or, (ii) became a member of a State-administered retirement system, but accumulated less than 25 years of credited service; and (c) the employee is covered by the program at the time of retirement.

- (3) Notwithstanding the provisions of this section to the contrary, in the case of an employee of a State college, as described in chapter 64 of Title 18A of the New Jersey Statutes, or of a county college, as defined in N.J.S.18A:64A-1, service credited in a private defined contribution retirement plan which was earned as an employee of an auxiliary organization, as defined in section 2 of P.L.1982, c.16 (C.18A:64-27), at a State or county college shall be considered in combination with service credited in a State-administered retirement system for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section, provided that the employee is covered by the program at the time of retirement.
- (4) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and any dependents covered under the program, but

1 not including survivors, if the employee: (a) retired prior to the 2 effective date of this act, P.L.1997, c.335 (C.52:14-17.32), under 3 the State Police Retirement System, established pursuant to 4 P.L.1965, c.89 (C.53:5A-1 et seq.), with more than 20 but less than 5 25 years of service credit in the retirement system; (b) was 6 subsequently employed by the State in another position or positions 7 not covered by the State Police Retirement System; (c) has, in the 8 aggregate, at least 30 years of full-time employment with the State; 9 and (d) is covered by the program at the time of terminating full-10 time employment with the State. 11

(cf: P.L.2007, c.92, s.29)

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47. Section 1 of P.L.1989, c.127 (C.52:14-17.32g) is amended to read as follows:

Notwithstanding any other provisions of P.L.1961, c.49 (C.52:14-17.25 et seq.) to the contrary, the [basic benefits and the major medical expense health care benefits of any employee of an employer with at least three years of service under a permanent appointment with that employer and any dependent of the employee may be continued and the premiums for the coverage may be paid by the employer during any approved leave of absence of the employee with or without pay, for a period of up to two years.

For the purposes of this section "employer" means a local board of education, regional board of education, county college, educational services commission, jointure commission, county special services school district, county vocational-technical school district, or any board or commission under the authority of the Commissioner of Education, or State Board of Education, as the case may be.

(cf: P.L.1989, c.127, s.1)

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48. (New section) Effective July 1, 2007, health care benefits for retired State employees and their dependents for which the State is required to pay the premiums or periodic charges under the "New Jersey State "Health Benefits Program Act," P.L.1961, c. 49 (C.52:14-17.25 et seq.), shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient to pay the premiums or periodic charges for the benefits, they shall be paid directly by the State. Nothing herein above shall alter health care benefits for

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qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

49. (New section) Effective July 1, 2007, health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1) and section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient or are not used to pay the premiums or periodic charges for the benefits, such premiums or periodic charges shall be paid directly by the State. Nothing hereinabove shall alter health care benefits for qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

50. This act shall take effect immediately, except that sections 11 through 16, inclusive, shall take effect July 1, 2007, and sections 27 through 29, inclusive, shall take effect July 1, 2008, and sections 31 through 41, inclusive, shall take effect immediately and shall be implemented as soon as practicable as determined by the School Employees' Health Benefits Commission so that the School Employees' Health Benefits Program shall be operational as of July 1, 2008.

STATEMENT

Sections 1 to 6 of this bill increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from 5% of annual compensation to 5.5% of annual compensation. For teachers and public employees currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007

immediately after July 1, 2007.

I. Pension Benefits

Sections 7 and 8 of this bill change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1,

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2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance will be reduced by 1% per year for each year (1/12 of 1% per month) the member lacks of being age 60 but over age 55 and by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55. Currently, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55.

Sections 9 to 18 of this bill impose a maximum compensation upon which contributions will be made for TPAF and PERS purposes for teachers and public employees who become members of those systems on or after July 1, 2007. The maximum amount will be the amount of base or the contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act. For 2007, that amount is \$97,500. A new member for whom this annual maximum will be reached in any year will become a participant of the newly created Defined Contribution Retirement Program, unless the member irrevocably elects to waive the participation. amount of compensation over the maximum compensation, 5.5% will be deducted as a contribution for the purposes of the program. When a TPAF or PERS member also becomes a participant in the Defined Contribution Program, the life insurance and disability benefit provisions of that program will be available for that participant.

The provisions of this bill concerning "early retirement" and maximum compensation will apply to teachers and public employees who become members of the TPAF or PERS on or after July 1, 2007. This will not apply to a person who at the time of enrollment in one of these systems on or after July 1, 2007 transfers service credit from another State-administered retirement system, but will apply to a former member of one of these systems who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

II. Health Care Benefits

In addition, the bill amends the State Health Benefits Program (SHBP) statutes to reflect changes to the program to be implemented as the result of binding collective negotiations agreements between the Executive branch and collective bargaining units representing State employees. There are two basic changes: (1) the creation of, and grant of authority, to the State Health Benefits Commission to contract for the administration of, preferred

1 provider organizations (PPOs) and (2) the establishment of an

2 employee contribution of 1.5% of the employee's base salary

3 toward the cost of whatever type of SHBP coverage the employee

4 has chosen. A PPO is a network of health care providers from

5 whom an enrollee may obtain services without a gatekeeper

6 physician for a co-payment fee, with services outside of the network 7 being more expensive. Over a period of time as collective

8 negotiations occur with additional employee groups, the PPOs will

9 cover an increasing number of active employees and retirees in

place of the traditional plan and NJ PLUS. SHBP will continue to

offer health care benefits through health maintenance organizations

12 (HMOs).

Reflecting discussions with the New Jersey Education Association, the bill also establishes a School Employees' Health Benefits Program (SEHBP) through the School Employees' Health Benefits Act. The SEHBP will provide health care benefits for active and retired education employees through PPOs and HMOs overseen by a new School Employees' Health Benefits Commission.

Section 19 adds a new definition of a "successor plan" to identify a PPO plan that replaces the traditional plan. The definitions of "employee" and "dependents" are updated to reflect coverage of intermittent employees and partners of a civil union.

Section 20 provides that, upon the creation of the SEHBP, the member of the State Health Benefits Commission representing the New Jersey Education Association will be replaced by a local employees' representative.

Section 21 describes the structure of the new PPOs and how their benefits are to reflect the benefits of the traditional plan (e.g., maximum out-of-pocket of \$400 per individual and \$1,000 per family in-network; out-of-network charges reimbursed at 80% with out-of-pocket maximum of \$2,000 per individual, \$5,000 per family) and NJ PLUS (e.g., doctor's office visit co-payment of \$15; out-of-network charges reimbursed at 70%). The section also recognizes that the State Health Benefits Commission may have issued a request for proposals for the administration of new plans not including the traditional plan.

Section 22 implements the 1.5% of base salary active employee contribution to the cost of SHBP benefits for State employees per ratified agreements and for all non-aligned State employees, as well as the contribution arrangements for retirees. The section also provides that an employee may terminate the withholding of the contribution for SHBP benefits if that employee withdraws from SHBP coverage and certifies current coverage by other health benefits.

Section 23 describes the services and benefits to be included in contracts for the new PPOs and provides for coordination between the State Health Benefits Commission and the new School

1 Employees' Health Benefits Commission in effectuating provisions

of the School Employees' Health Benefits Program Act, contained

3 within this bill, which creates the new SEHBP to cover active and

4 retired educators.

Sections 24, 25 and 26 replace references to the traditional plan or NJ PLUS with the more general references in statutes related to notification of termination of a physician contract, SHBP coverage if both husband and wife are eligible for SHBP benefits, and SHBP benefits for certain members of the National Guard.

Sections 27 through 30 amend SHBP statutes to delete references to school board participation and coverage of education employees once their health care benefits are under SEHBP.

Section 31 provides that Sections 31 through 41 will be known and cited as the School Employees' Health Benefits Program Act.

Section 32 defines terms used for the School Employees' Health Benefits Program (SEHBP), which is anticipated to be operational July 1, 2008. Employers able to participate in SEHBP will include local and regional school districts, county vocational and special services school districts, jointure and educational services commissions, State-operated school districts, charter schools, and county colleges.

Sections 33 through 35 create and describe the responsibilities and powers of the School Employees' Health Benefits Commission, administered in the Department of the Treasury. The commission will have nine members: the State Treasurer, the Commissioner of the Department of Banking and Insurance, an appointee of the Governor, a person appointed by the Governor from New Jersey School Board Association nominations, three persons appointed by the Governor from New Jersey Education Association nominations, a person appointed by the Governor from New Jersey State AFL-CIO nominations, and a chairperson appointed by the Governor from nominations jointly submitted by at least six of the other eight members of the commission. The Director of the Division of Pensions and Benefits will serve as secretary.

Sections 36 and 39 describe the benefits, services and payment obligations of the SEHBP, which will include a PPO that is a successor plan to the traditional plan, a PPO similar to NJ PLUS and HMOs, with prescription drug benefits provided through the School Employee Prescription Drug Plan or a free-standing employer prescription drug plan or the prescription drug part of a SEHBP plan. Prescription drug benefits for retirees will be provided through the School Retiree Prescription Drug Plan.

Section 40 requires of the School Employees' Health Benefits Commission certain annual reports, periodic audits and review of program costs.

Section 41 provides that the provisions of the SHBP statutes will continue to be applicable to SEHBP, except as expressly stated to

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- the contrary in the School Employees' Health Benefits Program
- 2 Act.
- 3 Sections 42 through 49 amend and supplement existing law to
- 4 reflect implementation of the School Employees' Health Benefits
- 5 Program.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5005

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: JUNE 18, 2007

The Assembly Budget Committee reports favorably Assembly Bill No. 5005, with committee amendments.

I. Pension Benefits

Sections 1 to 6 of this bill increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from 5% of annual compensation to 5.5% of annual compensation. For State employees, teachers and other school district employees currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007. For employers of the Judicial Branch of State government, the University of Medicine and Dentistry, and counties and municipalities, the increase will be effective July 1, 2008.

Sections 7 and 8 of this bill change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1, 2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance will be reduced by 1% per year for each year (1/12 of 1% per month) the member lacks of being age 60 but over age 55 and by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55. Currently, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55.

Sections 9 to 18 of this bill impose a maximum compensation upon which contributions will be made for TPAF and PERS purposes for teachers and public employees who become members of those systems on or after July 1, 2007. The maximum amount will be the amount of base or the contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance

Contributions Act. For 2007, that amount is \$97,500. A new member for whom this annual maximum will be reached in any year will become a participant of the newly created Defined Contribution Retirement Program, unless the member irrevocably elects to waive the participation. For the amount of compensation over the maximum compensation, 5.5% will be deducted as a contribution for the purposes of the program. When a TPAF or PERS member also becomes a participant in the Defined Contribution Program, the life insurance and disability benefit provisions of that program will be available for that participant.

The provisions of this bill concerning "early retirement" and maximum compensation will apply to teachers and public employees who become members of the TPAF or PERS on or after July 1, 2007. This will not apply to a person who at the time of enrollment in one of these systems on or after July 1, 2007 transfers service credit from another State-administered retirement system, but will apply to a former member of one of these systems who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

II. Health Care Benefits

In addition, the bill amends the State Health Benefits Program (SHBP) statutes to reflect changes to the program to be implemented as the result of binding collective negotiations agreements between the Executive branch and collective bargaining units representing State employees. There are two basic changes: (1) the creation of, and grant of authority, to the State Health Benefits Commission to contract for the administration of, preferred provider organizations (PPOs) and (2) the establishment of an employee contribution of 1.5% of the employee's base salary toward the cost of whatever type of SHBP coverage the employee has chosen. A PPO is a network of health care providers from whom an enrollee may obtain services without a gatekeeper physician for a co-payment fee, with services outside of the network being more expensive. Over a period of time as collective negotiations occur with additional employee groups, the PPOs will cover an increasing number of active employees and retirees in place of the traditional plan and NJ PLUS. SHBP will continue to offer health care benefits through health maintenance organizations (HMOs).

Reflecting discussions with the New Jersey Education Association, the bill also establishes a School Employees' Health Benefits Program (SEHBP) through the School Employees' Health Benefits Act. The SEHBP will provide health care benefits for active and retired education employees through PPOs and HMOs overseen by a new School Employees' Health Benefits Commission.

Section 19 adds a new definition of a "successor plan" to identify a PPO plan that replaces the traditional plan. The definitions of "employee" and "dependents" are updated to reflect coverage of intermittent employees and partners of a civil union.

Section 20 provides that, upon the creation of the SEHBP, the member of the State Health Benefits Commission representing the New Jersey Education Association will be replaced by a local employees' representative.

Section 21 describes the structure of the new PPOs and how their benefits are to reflect the benefits of the traditional plan (e.g., maximum out-of-pocket of \$400 per individual and \$1,000 per family in-network; out-of-network charges reimbursed at 80% with out-of-pocket maximum of \$2,000 per individual, \$5,000 per family) and NJ PLUS (e.g., doctor's office visit co-payment of \$15; out-of-network charges reimbursed at 70%). The section also recognizes that the State Health Benefits Commission may have issued a request for proposals for the administration of new plans not including the traditional plan.

Section 22 implements the 1.5% of base salary active employee contribution to the cost of SHBP benefits for State employees per ratified agreements and for all non-aligned State employees, as well as the contribution arrangements for retirees. The section also provides that an employee may terminate the withholding of the contribution for SHBP benefits if that employee withdraws from SHBP coverage and certifies current coverage by other health benefits.

Section 23 describes the services and benefits to be included in contracts for the new PPOs and provides for coordination between the State Health Benefits Commission and the new School Employees' Health Benefits Commission in effectuating provisions of the School Employees' Health Benefits Program Act, contained within this bill, which creates the new SEHBP to cover active and retired educators.

Sections 24, 25 and 26 replace references to the traditional plan or NJ PLUS with the more general references in statutes related to notification of termination of a physician contract, SHBP coverage if both husband and wife are eligible for SHBP benefits, and SHBP benefits for certain members of the National Guard.

Sections 27 through 30 amend SHBP statutes to delete references to school board participation and coverage of education employees once their health care benefits are under SEHBP.

Section 31 provides that sections 31 through 41 will be known and cited as the School Employees' Health Benefits Program Act.

Section 32 defines terms used for the School Employees' Health Benefits Program (SEHBP), which is anticipated to be operational July 1, 2008. Employers able to participate in SEHBP will include local and regional school districts, county vocational and special services school districts, jointure and educational services commissions, State-operated school districts, charter schools, and county colleges.

Sections 33 through 35 create and describe the responsibilities and powers of the School Employees' Health Benefits Commission, administered in the Department of the Treasury. The commission will have nine members: the State Treasurer, the Commissioner of the Department of Banking and Insurance, an appointee of the Governor, a person appointed by the Governor from New Jersey School Board Association nominations, three persons appointed by the Governor from New Jersey Education Association nominations, a person appointed by the Governor from New Jersey State AFL-CIO nominations, and a chairperson appointed by the Governor from nominations jointly submitted by at least six of the other eight members of the commission. The Director of the Division of Pensions and Benefits will serve as secretary.

Sections 36 and 39 describe the benefits, services and payment obligations of the SEHBP, which will include a PPO that is a successor plan to the traditional plan, a PPO similar to NJ PLUS and HMOs, with prescription drug benefits provided through the School Employee Prescription Drug Plan or a free-standing employer prescription drug plan or the prescription drug part of a SEHBP plan. Prescription drug benefits for retirees will be provided through the School Retiree Prescription Drug Plan.

Section 40 requires of the School Employees' Health Benefits Commission certain annual reports, periodic audits and review of program costs.

Section 41 provides that the provisions of the SHBP statutes will continue to be applicable to SEHBP, except as expressly stated to the contrary in the School Employees' Health Benefits Program Act.

Sections 42 through 49 amend and supplement existing law to reflect implementation of the School Employees' Health Benefits Program and other changes to healthcare benefits.

COMMITTEE AMENDMENTS:

Pension Benefits

The amendment changes the new provision in section 2 of the bill that provides for the increased employee contribution to the Public Employees' Retirement System (PERS) (from 5% to 5.5%) so that the increase begins July 1, 2007 for all new members, and with the payroll period that begins after July 1, 2007 for current members, who are:

employees of the State, other than employees of the Judicial Branch;

employees of an independent State authority, board, commission, corporation, agency or organization;

employees of a local school district, regional school district, county vocational school district, county special services school district, jointure commission, educational services commission, State-operated school district, charter school, county college, any officer, board, or commission under the authority of the Commissioner of

Education or of the State Board of Education, and any other public entity which is established pursuant to authority provided by Title 18A of the New Jersey Statutes; or

employees of a State public institution of higher education, other than UMDNJ.

The increase in the employee contribution rate for all other members of the PERS will be effective July 1, 2008.

The amendment changes the new provision in section 12 of the bill that permits certain persons to irrevocably waive participation in the Defined Contribution Retirement Program. The persons specified are those members of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System for whom compensation is defined as the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for contribution and benefit purposes in either of those retirement systems, for whom participation in the Defined Contribution Retirement Program is with regard to any excess over the maximum compensation only. The amendment permits such a person to waive participation when first eligible, but permits the person to elect to participate at a later time, with such election effective on the January 1 following a participation request.

Health Care Benefits

The amendment changes the new provision in section 21 of the bill that describes contract requirements for contracts that the State Health Benefits Commission enters into after June 30, 2007 so that the description includes "one or more health maintenance organizations plans", as well as the already specified successor plan and State managed care plan.

The amendment changes the new provision in section 22 of the bill that provides for a contribution, as a share in the cost of health care benefits, by State retirees who attain 25 or more years of service, and who retire, on or after July 1, 2007 so that the contribution will not be effective until the New Jersey Retirees' Wellness Program is open for enrollment. Thereafter, the contribution will be waived for a retiree who participates in the wellness program. The Division of Pension and Benefits will submit a report on the wellness program, including savings realized as a result of the program, within three years of the program's implementation or by December 2010, whichever is earlier.

The amendment changes the new provision in section 23 of the bill to require that a contract purchased by the State Health Benefits Commission after June 30, 2007 include coverage for services and benefits equal to or exceeding the level of services and benefits listed in the subsection that is amended by this amendment.

The amendments to sections 48 and 49 of the bill are technical corrections.

State Investment Council Provisions

The amendment adds two new sections (50 and 51) to the bill.

The amendment in section 50 of the bill changes the membership of the State Investment Council from 11 to 13 members, with the addition of one member to be appointed by the Governor from among three persons nominated by the Public Employee Committee of the New Jersey State AFL-CIO to serve for a term of three years, and one member to be appointed by the Governor from among three persons nominated by the New Jersey Education Association (NJEA) to serve for a term of three years. If the persons nominated are not acceptable to the Governor for appointment, the Governor may request submission of new nominees.

The number of appointments made by the Governor with the advice and consent of the Senate is increased from five to six.

The four members designated from the Board of Trustees of the Public Employees' Retirement System, the Board of Trustees of the State Police Retirement System, the Board of Trustees of the Teachers' Pension and Annuity Fund, and the Board of Trustees of the Police and Firemen's Retirement System of New Jersey is changed to four members elected by the boards from the active members of their respective retirement systems or from the retirees of those systems who are receiving a retirement allowance. The term of these members is increased from one to three years. The member from the Consolidated Police and Firemen's Pension Fund Commission is eliminated.

The two members appointed from the persons nominated by the AFL-CIO and the NJEA will be qualified by training, experience or long-term interest in the direct management, analysis, supervision, or investment of assets. This training, experience or long-term interest is to have been supplemented by academic training in the fields of economics, business, law, finance or actuarial science or by actual employment in those fields. At least five of the seven members appointed by the Governor with the advice and consent of the Senate and from persons nominated by the General Assembly Speaker or Senate President will be qualified by training and experience in the direct management, analysis, supervision or investment of assets, provided that this training and experience has been acquired through academic training or through actual employment in those fields.

The terms of the members of the council serving on the 30th day after the bill takes effect, other than the five members appointed by the Governor with the advice and consent of the Senate to serve for terms of five years and the one member appointed by the Governor from persons nominated jointly by the President of the Senate and the Speaker of the General Assembly to serve for a term of five years, are terminated.

The amendment in section 51 of the bill requires the members of the State Investment Council to file the same annual financial disclosure statements as those required to be filed by members of other State boards and commissions who are not compensated for their services, as required by law or executive order of the Governor. The financial disclosure statements of council members will be made available to the public in the same manner as the statements of members of other State boards and commissions are made available to the public.

The amendment requires the council to issue a report by March 1 of each year, in addition to the reports already required by law, on the investment activities for the prior calendar year, to include a summary for each financial product of the current investment policies and strategies of the council and those in effect during the prior calendar year, a detailed summary for each financial product of the amount invested, whether the investments were made by employees of the Division of Investment or by external managers, performance benchmarks, and actual performance during the calendar year. The report is to be submitted to the Governor, the Legislature, and the State Treasurer, and made available to the public through the official Internet site of the State.

The council is required to hold an open public meeting each year, and accept comments from the public at such a meeting. The matters that will be open to discussion and public comment during this annual meeting will include the investment policies and strategies of the council, the investment activities of the council, the financial disclosure statements filed by council members, and the certification of contributions filed by external managers, as well as other appropriate matters concerning the operations, activities and reports of the council.

Finally, the amendment requires an external manager to file a certification before being retained and annually thereafter that discloses the political contributions made during the 12 months preceding the certification by the manager or the manager's firm, or a political committee in which the manager or firm was active. The certification must specify the political contributions made to candidates for the elective public office in this State and any political committee established for the support of such candidate, and contributions made for the transition and inaugural expenses of any candidate who is elected to public office. As used here, "contribution" and "political committee" will have the meaning set forth in "The New Jersey Campaign Contributions and Expenditures Reporting Act," P.L.1973, c.83 (C.19:44A-1 et seq.).

FISCAL IMPACT:

As amended, this bill would increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for specified members of the Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from five percent of annual compensation to five and one-half percent of annual compensation. For State and education employees, currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007. County and municipal employees, which account for approximately 44 percent of all local government PERS members, will contribute the additional one-half of one percent of annual compensation beginning July1, 2008. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services' FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, the estimated increase in annual employee contributions for the first year would total approximately \$101.3 million:

PERS-State	\$22.8 million
PERS	\$33.7 million
<u>TPAF</u>	<u>\$44.8 million.</u>
Total	\$101.3 million

However, the bill, as amended, would defer the judicial, county and municipal employee additional contribution of one-half of one percent until July 1, 2008. As a result, the estimated fiscal impact of this bill in the first year would be \$84.1 million.

PERS-less Judicial Branch members	\$20.4 million
PERS-Local less county and municipal members	\$18.9 million
TPAF	\$44.8 million.
Total	\$84.1 million

It should be noted, however, that this estimate does not include a reduction for employees of UMDNJ for which the increase is also delayed to July 1, 2008.

Under current law, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by three percent per year for each year (1/4 of one percent per month) the member lacks of being age 55. This bill would change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1, 2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance would be reduced by one percent per year for each year (1/12 of one percent per month) the member lacks of being age 60 but

over age 55 and by three percent per year for each year (1/4 of one percent per month) the member lacks of being age 55. This provision would produce future pension savings. However, at this time, the number of employees who would enter the specified retirement systems on or after July 1,2007, the number of those employees who would remain in the system long enough to earn meaningful retirement benefits and finally, the number of employees who would elect the "early retirement" options cannot be determined to provide an estimate.

This bill would impose a maximum on compensation for pension contributions for TPAF and PERS members who enter the pension system on or after July 1, 2007. The maximum compensation allowable for contribution in TPAF and PERS would be equivalent to the annual maximum wage contribution base for Social Security as specified. For 2007, that amount is \$97,500. A new member for whom this annual maximum is achieved in any year would become a participant of the newly created Defined Contribution Retirement Program (DCRP). For any amounts earned over the Social Security cap, employee contributions of five and one-half percent would be contributed to the DCRP, unless the participant elects to waive participation, as permitted. The savings associated with this provision are not able to be determined at this time. This is because the factors, i.e., the number of employees who would earn \$97,500 or more beginning July 1, 2007, the inflation rate, the growth in salaries over ime, and the increase in the Social Security annual maximum wage contribution, that would be used to estimate the savings are either unknown or dynamic.

In addition, this bill would amend the State Health Benefits Specifically, the bill would create and grant Program (SHBP). authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs) without a According to the Department of Traditional Plan component. Treasury's responses to the Discussion Points in the Office of Legislative Services FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, while there are savings associated with the elimination of the Traditional Plan for State employees and the elimination of the gatekeeper in NJ PLUS, which has a much larger State employee enrollment, there are expected offsetting costs. For State employees, most of the medical plan cost savings known at this time will come from other plan changes (such as increases in office visit and emergency room co-pays). The primary source of State savings is, therefore, attributable to negotiated increases in office visit and prescription drug co-pays and employee premium-share.

Under the plan to amend the State Health Benefits Program, the bill would establish a State employee contribution of one and one-half percent of the employee's base salary toward the cost of the employee's chosen health coverage. The Department of Treasury estimates that the value of the one and one-half percent employee contribution for health coverage for all State employees including colleges and universities is approximately \$91 million for FY 2008. The current premium-sharing agreement produces approximately \$33 million, for a net savings of \$58 million under the new cost-sharing scenario. However, as amended, the bill would waive the one and one-half percent health benefits contribution for specified retirees who retire on or after July 1, 2007 and who enroll in a New Jersey Retirees' Wellness Program that is yet to be established. At this time, an estimate of the impact of waiving retirees' contributions cannot be made because the wellness program has not yet been established.

FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 5005 STATE OF NEW JERSEY 212th LEGISLATURE

DATED: JULY 9, 2007

SUMMARY

Synopsis: Changes PERS, TPAF and DCRP contribution rates and new

employees' compensation base and retirement age; implements changes to SHBP and transfer of education employees to School Employees' Health Benefits Program; modifies State Investment

Council.

Type of Impact: Potential State and Local Government Expenditure Decrease.

Agencies Affected: Department of the Treasury, Division of Pensions and Benefits; Local

Governments; School Districts.

Office of Legislative Services Estimate

Fiscal Impact*	<u>FY 2008</u>	FY 2009	<u>FY 2010</u>
PERS/TPAF			
Contributions	\$84,100,000	104,300,000	107,951,000
State Revenue	\$58,000,000	59,740,000	61,831,000

^{*} The FY 2009 and 2010 figures have been calculated assuming salary increases of 3 percent in FY 2009 and 3.5 percent in FY 2010. Changes in employment levels are not able to be determined at this time. As a result, these figures have not been adjusted to reflect those changes.

- Increases from 5 to 5.5 percent the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), the Public Employees' Retirement System (PERS), and the Defined Contribution Retirement Program (DCRP).
- Revises the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members on or after July 1, 2007.
- Imposes a cap on compensation for contributions and benefits in TPAF and PERS that is pegged to the annual maximum wage contribution base for Social Security for teachers and public employees who become members of PERS and TPAF on or after July 1, 2007.
- Establishes a State employee contribution, for employees not represented by unions, of 1.5 percent of the employee's base salary toward the cost of the employee's chosen health



coverage under the State Health Benefits Program (SHBP) beginning July 1, 2007; provides for a contribution from all other State employees as determined in collective negotiations agreements.

- Grants authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs), with certain benefit levels, without a Traditional Plan component.
- Creates a School Employees' Health Benefits Program for educational employees, with certain benefit levels, with a new commission to operate the program.

BILL DESCRIPTION

Assembly Bill No. 5005 (1R) of 2007 increases from 5 to 5.5 percent the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), the Public Employees' Retirement System (PERS), and the Defined Contribution Retirement Program (DCRP) beginning July 1, 2007. However, it defers the increase for county, municipal, judicial, and UMDNJ employees until July 1, 2008.

Under current law, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55. However, if a member retires before turning 55, the retirement allowance is reduced by 3 percent per year for each year prior to turning 55 years of age. This bill reduces retirement allowances under the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members on or after July 1, 2007. For these employees who retire with 25 years or more of service, the member's retirement allowance will be reduced by 1 percent for each year prior to turning 60 and by 3 percent per year for each year prior to turning 55 years of age.

Under current law, base salary is used for members of PERS and TPAF to determine contributions and benefits. This bill imposes a cap on base salary pegged to the annual maximum wage contribution base for Social Security, and requires that for amounts earned above the Social Security annual maximum wage contribution, a person will be eligible for membership in the DCRP with regard to the portion of the salary over the maximum.

This bill requires a State employee contribution of 1.5 percent of the employee's base salary, or of a monthly retirement allowance for certain retired State employees, toward the cost of the chosen health coverage under SHBP for employees who are not represented by unions. For all other State employees, and county, municipal, and school district employees, the contribution will be determined by collective negotiations agreements. For State retirees, the contribution will not take effect until a Retirees' Wellness Program is created by the SHBP and the contribution will be waived for retirees who participate in the program.

This bill amends the SHBP statutes to remove the requirement for a Traditional Plan for healthcare contracts purchased after June 30, 2007 and to reflect changes to the program to be implemented as the result of certain collective bargaining agreements, and discussions with representatives of public school teachers. Specifically, the bill grants authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs), with certain benefit levels, without a Traditional Plan component. A PPO is a network of health care providers from whom an enrollee may obtain services without a gatekeeper physician for a co-payment fee, with services outside of the network being more expensive.

The bill also provides for the creation of a School Employees' Health Benefits Program, with certain benefit levels, to be operated by a new commission.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

This bill increases the member contribution rate for TPAF, PERS, and DCRP from 5 to 5.5 percent of annual compensation. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services' FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, the estimated increase in annual employee contributions for the first year, for PERS and TPAF system members, would total approximately \$101.3 million:

PERS-State	\$22.8 million
PERS-Local	\$33.7 million
<u>TPAF</u>	\$44.8 million
Total	\$101.3 million

However, the bill defers the judicial, county, and municipal employee additional contribution until July 1, 2008. As a result, the estimated increase in annual employee contributions in the first year would total approximately \$84.1 million.

PERS-State, less Judicial Branch employees	\$20.4 million
PERS-Local, less county, municipal employees	\$18.9 million
<u>TPAF</u>	\$44.8 million
Total	\$84.1 million

It should be noted, however, that this estimate does not include a reduction for employees of UMDNJ for whom the increase is also delayed to July 1, 2008.

This bill changes the "early retirement" provisions of the TPAF and PERS for retirement eligible teachers and public employees who become members of the systems on or after July 1, 2007. This provision would produce future pension savings. However, at this time, the number of employees who would enter the specified retirement systems on or after July 1, 2007, the number of those employees who would remain in the system long enough to earn meaningful retirement benefits and, finally, the number of employees who would elect the "early retirement" options cannot be determined to provide an estimate.

This bill imposes a maximum on compensation for pension contributions and benefits for TPAF and PERS members who enter the pension system on or after July 1, 2007 based on the annual maximum wage contribution base for Social Security. For 2007, that amount is \$97,500. For any amounts earned over the Social Security cap, the employee will participate in the DCRP, unless the participant elects to waive participation, as permitted. The savings associated with this provision are not able to be determined at this time. This is because the factors, i.e., the number of employees who would earn \$97,500 or more beginning July 1, 2007, the inflation

rate, the growth in salaries over time, and the increase in the Social Security annual maximum wage contribution, that would be used to estimate the savings are either unknown or dynamic.

In addition, this bill amends the SHBP. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, while there are savings associated with the elimination of the Traditional Plan for State employees and the elimination of the gatekeeper in NJ PLUS, which has a much larger State employee enrollment, there are expected offsetting costs. For State employees, most of the medical plan cost savings known at this time will come from other plan changes (such as increases in office visit and emergency room co-pays). The primary source of State savings is, therefore, attributable to negotiated increases in office visit and prescription drug co-pays and employee cost sharing.

Under the plan to amend the SHBP, the bill establishes a State employee and State retiree, contribution of 1.5 percent of the employee's base salary toward the cost of the employee's chosen health coverage. The Department of Treasury estimates that the value of the 1.5 percent employee contribution for healthcare coverage for all State employees, including colleges and universities, is approximately \$91 million for FY 2008. The current premium-sharing agreement produces approximately \$33 million, for a net savings of \$58 million under the new cost-sharing scenario. The bill waives the 1.5 percent health benefits contribution for specified retirees who retire on or after July 1, 2007 and who enroll in a New Jersey Retiree's Wellness Program that is yet to be established. At this time, an estimate of the impact of waiving retirees' contributions cannot be made because the wellness program has not yet been established.

Section: State Government

Analyst: Kimberly McCord

Associate Fiscal Analyst

Approved: David J. Rosen

Legislative Budget and Finance Officer

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67.

SENATE, No. 3004

STATE OF NEW JERSEY

212th LEGISLATURE

INTRODUCED JUNE 14, 2007

Sponsored by: Senator NICHOLAS P. SCUTARI District 22 (Middlesex, Somerset and Union)

SYNOPSIS

Changes PERS, TPAF and DCRP contribution rates and new employees' compensation base and retirement age; implements SHBP transition to preferred provider plans and transfer of educational employees to School Employees' Health Benefits Program.

CURRENT VERSION OF TEXT

As introduced.



AN ACT concerning the Public Employees' Retirement System of New Jersey, the Teachers' Pension and Annuity Fund, the Defined Contribution Retirement Program, and the State Health Benefits Program, revising various parts of the statutory law and supplementing P.L.1961, c.49 (C.52:14-17.25 et seq.).

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. N.J.S.18A:66-29 is amended to read as follows:
- 18A:66-29. Members enrolled in the retirement system on or after July 1, 1994 shall contribute 5% of compensation to the system. Members enrolled in the system prior to July 1, 1994 shall contribute 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, provided, however, that any member enrolled before July 1, 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, and 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1996.
- Members enrolled in the retirement system on or after July 1, 2007 shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007.

28 <u>2007.</u> 29 (cf: P.L.1994, c.62, s.4)

- 31 2. Section 25 of P.L.1954, c.84 (C.43:15A-25) is amended to 32 read as follows:
 - 25. The annuity savings fund shall be the fund in which shall be credited accumulated deductions and contributions by members or on their behalf to provide for their allowances. A single account shall be established in this fund for each person who is or shall become a member and all contributions deducted from each such member's compensation shall be credited to his account regardless of the number of positions a member might hold or the number of employers as he might have.
 - Members enrolled in the retirement system on or after July 1, 1994 shall contribute 5% of compensation to the system. Members enrolled in the system prior to July 1, 1994 shall contribute 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, provided,

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

however, that any member enrolled before July 1, 1994, whose full contribution rate under the system prior to the revisions by this act was less than 6%, shall pay 4% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1995, and 5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 1996.

Members enrolled in the retirement system on or after July 1, 2007 shall contribute 5.5% of compensation to the system. Members enrolled in the system prior to July 1, 2007 shall contribute 5.5% of compensation to the system effective with the payroll period for which the beginning date is closest to July 1, 2007.

The retirement system shall certify to each State department or subdivision thereof, and to each branch of the State service not included in a State department, and to every other employer, the proportion of each member's compensation to be deducted and to facilitate the making of deductions the retirement system may modify the deduction required by a member by such an amount as shall not exceed 1/10 of 1% of the compensation upon the basis of which the deduction is to be made.

If payment in full, representing the monthly or biweekly transmittal and report of salary deductions, is not made within 15 days of the due date established by the retirement system, interest at the rate of 6% per annum shall commence to run against the total transmittal of salary deductions for the period on the first day after such fifteenth day.

Every employee to whom this act applies shall be deemed to consent and agree to any deduction from his compensation required by this act and to all other provisions of this act. Notwithstanding any other law, rule or regulation affecting the salary, pay, compensation, other perquisites, or tenure of a person to whom this act applies, or shall apply, and notwithstanding that the minimum salary, pay, or compensation or other perquisites provided by law for him shall be reduced thereby, payment, less such deductions, shall be a full and complete discharge and acquittance of all claims and demands for service rendered by him during the period covered by such payment.

39 (cf: P.L.1994, c.62, s.9)

- 3. Section 2 of P.L.1972, c.167 (C.43:15A-136) is amended to read as follows:
- 2. Notwithstanding the provisions of P.L.1954, c.84, s. 25 (C.43:15A-25), (a) a separate account shall be established in the annuity savings fund for each member of the Legislature and all contributions based on legislative salaries shall be credited to this account as distinguished from any other account that the legislator may have as a result of other public service covered by the

retirement system; and (b) the member of the Legislature shall contribute at a rate equal to 5% of his legislative salary, which contribution shall be deducted from his salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the member's legislative salary beginning July 1, 2007.

A member of the Legislature who is enrolled on the basis of other public service before, during, or after his service as a member of the Legislature shall contribute for such other service at the rate of contribution required of other members as provided by section 25.

14 (cf: P.L.1972, c.167, s.2)

- 4. Section 3 of P.L.1972, c.167 (C.43:15A-137) is amended to read as follows:
- 3. Notwithstanding any other law regarding the purchase of service credit in the retirement system, a member of the Legislature may purchase credit for all previous legislative service by paying into the annuity savings fund 5%, and 5.5% after July 1, 2007, of the salaries he received in such prior periods, in which event he shall agree to make such purchase within 1 year after the effective date of this supplementary act or during the first year of membership as a member of the Legislature; if the request for the purchase is received beyond the 1-year period, interest shall be added to the amount of the arrearage obligation at the regular interest rate. The purchase of such credit may be by lump sum or in regular installments over a maximum period of 10 years.

In the case of any member of the Legislature coming under the provisions of this section, full pension credit for the period of service for which arrears are being paid by the member shall be given upon the payment of at least 1/2 of the total arrearage obligation and the completion of 1 year of membership and the making of such arrears payments, except that in the case of retirement pursuant to P.L.1954, c. 84, sections 38, 41(b), 48 and 61 and to the provisions of this supplementary act, the total membership credit for such service shall be in direct proportion as the amount paid bears to the total amount of the arrearage obligation of the member.

The contributions of all members of the Legislature related to their legislative service shall be adjusted for all years prior to the effective date of this supplementary act to determine either an overpayment or shortage in the separate account, requiring the payment of contributions at the percentage of salary provided for in this section. Overpayments shall be refunded and shortages shall be established as arrearage obligations to be satisfied in the same

1 manner as any other arrearage obligation established pursuant to 2 this section.

No member shall receive credit for any legislative service for which he has not contributed as required by this section.

(cf: P.L.1972, c.167, s.3)

- 5. Section 3 of P.L.2001, c.259 (C.43:15A-144) is amended to read as follows:
- 3. a. Notwithstanding the provisions of section 25 of P.L.1954, c.84 (C.43:15A-25) to the contrary, a separate account shall be established in the annuity savings fund for each workers compensation judge and all contributions based on the judge's salary shall be credited to this account. This account shall be separate from any other account that the member may have as a result of other public service covered by the retirement system.
- b. A workers compensation judge shall contribute at a rate equal to 5% of the judge's salary, which contribution shall be deducted from the salary at the time or times it is paid, and which shall be exclusive of any other contribution required of the member for Social Security, contributory death benefits or deductions for any other purpose. The contribution rate shall be 5.5% of the judge's salary effective with the payroll period for which the beginning date is closest to July 1, 2007.
- c. A workers compensation judge who is enrolled on the basis of other public service before, during, or after service as a judge of compensation shall contribute for such other service at the rate of contribution required of other members as provided by section 25.

28 (cf: P.L.2001, c.259, s.3)

- 6. Section 3 of P.L.2007, c.92 (C.43:15C-3) is amended to read as follows:
- 3. a. The employer shall reduce the compensation of each participant in the Defined Contribution Retirement Program and pay over to the plan provider for the benefit of the participant an employee contribution for the retirement benefit contract or contracts equal to [5%] 5.5% of the participant's base salary. At the option and request of a participant, the employer shall reduce the compensation of the participant for additional contributions as permitted by the federal Internal Revenue Code. The intervals for reductions and payments shall be determined by the Division of Pensions and Benefits.
- All participant contributions shall be made in accordance with section 414(h) of the federal Internal Revenue Code (26 U.S.C. s.414(h)).
- b. The employer shall make payment of the employer contributions to the program at a rate equal to 3% of the employee's base salary, which moneys shall be paid to the designated provider for the benefit of each participant. Additionally, employers shall

pay their share of the administrative costs of the program. The intervals for all payments and the allocation of administrative costs shall be determined by the Division of Pensions and Benefits including due dates and penalties for non compliance.

c. No employer contributions shall be vested in a participant until after the participant commences the second year of employment unless the participant, at the time of initial employment, either (1) participates in a program substantially similar to the retirement program, or (2) is a member of another State-administered pension fund or retirement system.

(cf: P.L.2007, c.92, s.3)

7. N.J.S.18A:66-37 is amended to read as follows:

18A:66-37. Should a member resign after having established 25 years of creditable service before reaching age 60, [he] the member may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof [he] the member desires to be retired. [He] The member shall receive, in lieu of the payment provided in N.J.S.18A:66-34, an annuity which is the actuarial equivalent of [his] the member's accumulated deductions and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of [his] the member's final compensation for each year of service credited as class A service and 1/55 of [his] the member's final compensation for each year of service, calculated in accordance with N.J.S.18A:66-44, reduced:

(a) by 1/4 of 1% for each month that the member lacks of being age 55; or

(b) for a person who becomes a member of the retirement system on or after July 1, 2007, by 1/4 of 1% for each month that the member lacks of being age 55 and by 1/12 of 1% for each month that the member lacks of being age 60 but over age 55; provided, however, that upon the receipt of proper proofs of the death of such a member there shall be paid to [his] the member's beneficiary an amount equal to 3/16 of the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service or in the year of the member's highest contractual salary, whichever is higher.

Subparagraph (b) of this section shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to N.J.S.18A:66-15.1, but shall apply to a former member of the retirement system who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming

employed again in a position that makes the person eligible to be a
 member of the retirement system.

The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.

(cf: P.L.2001, c.133, s.5)

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- 8. Section 41 of P.L.1954, c.84 (C.43:15A-41) is amended to read as follows:
- 10 41. a. A member who withdraws from service or ceases to be an 11 employee for any cause other than death or retirement shall, upon 12 the filing of an application therefor, receive all of his accumulated 13 deductions standing to the credit of his individual account in the 14 annuity savings fund, plus regular interest, less any outstanding loan, except that for any period after June 30, 1944, the interest 15 16 payable shall be such proportion of the interest determined at the 17 regular rate of 2% per annum bears to the regular rate of interest, 18 and except that no interest shall be payable in the case of a member 19 who has less than three years of membership credit for which he has 20 made contributions. He shall cease to be a member two years from 21 the date he discontinued service as an eligible employee, or, if prior 22 thereto, upon payment to him of his accumulated deductions. If any 23 such person or member shall die before withdrawing or before 24 endorsing the check constituting the return of his accumulated 25 deductions, such deductions shall be paid to the member's 26 beneficiary. No member shall be entitled to withdraw the amounts 27 contributed by his employer covering his military leave unless he 28 shall have returned to the payroll and contributed to the retirement 29 system for a period of 90 days.
 - b. Should a member resign after having established 25 years of creditable service before reaching age 60, he may elect "early retirement," provided, that such election is communicated by such member to the retirement system by filing a written application, duly attested, stating at what time subsequent to the execution and filing thereof he desires to be retired. He shall receive, in lieu of the payment provided in subsection a. of this section, an annuity which is the actuarial equivalent of his accumulated deductions together with regular interest, and a pension in the amount which, when added to the member's annuity, will provide a total retirement allowance of 1/64 of his final compensation for each year of service credited as Class A service and 1/55 of his final compensation for each year of service credited as Class B service, calculated in accordance with section 48 (C. 43:15A-48) of this act, reduced:
- 44 (a) by 1/4 of 1% for each month that the member lacks of being 45 age 55; or
- 46 (b) for a person who becomes a member of the retirement system
 47 on or after July 1, 2007, by 1/4 of 1% for each month that the
 48 member lacks of being age 55 and by 1/12 of 1% for each month

- 1 that the member lacks of being age 60 but over age 55; provided,
- 2 however, that upon the receipt of proper proofs of the death of such
- a member there shall be paid to his beneficiary an amount equal to
- 4 three-sixteenths of the compensation upon which contributions by
- 5 the member to the annuity savings fund were based in the last year
- 6 of creditable service.
- Paragraph (b) of this subsection shall not apply to a person who
- 8 <u>at the time of enrollment in the retirement system on or after July 1.</u>
- 9 <u>2007 transfers service credit from another State-administered</u>
- 10 retirement system pursuant to section 14 of P.L.1954, c.84
- 11 (C.43:15A-14), but shall apply to a former member of the
- 12 retirement system who has been granted a retirement allowance and
- is reenrolled in the retirement system on or after July 1, 2007
- 14 pursuant to section 27 of P.L.1966, c.217 (C.43:15A-57.2) after
- 15 <u>becoming employed again in a position that makes the person</u>
- 16 <u>eligible to be a member of the retirement system.</u>
 - The board of trustees shall retire him at the time specified or at such other time within one month after the date so specified as the board finds advisable.
 - c. Upon the receipt of proper proofs of the death of a member in service on account of which no accidental death benefit is payable under section 49 there shall be paid to such member's beneficiary:
 - (1) The member's accumulated deductions at the time of death together with regular interest; and
 - (2) An amount equal to one and one-half times the compensation upon which contributions by the member to the annuity savings fund were based in the last year of creditable service.
- 30 (cf: P.L.2001, c.133, s.12)

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- 9. N.J.S.18A:66-2 is amended to read as follows:
- 33 18A:66-2. As used in this article:
 - a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or in behalf of the member, including interest credited to January 1, 1956, standing to the credit of the member's individual account in the annuity savings fund.
- b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this article.
- 41 c. "Beneficiary" means any person receiving a retirement 42 allowance or other benefit as provided in this article.
- d. (1) "Compensation" means the contractual salary, for services as a teacher as defined in this article, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration

for performing temporary or extracurricular duties beyond the regular school day or the regular school year.

- 3 (2) In the case of a person who becomes a member of the 4 retirement system on or after July 1, 2007, "compensation" means 5 the amount of the contractual salary equivalent to the annual 6 maximum wage contribution base for Social Security, pursuant to 7 the federal Insurance Contributions Act, for services as a teacher as 8 defined in this article, which is in accordance with established 9 salary policies of the member's employer for all employees in the 10 same position but shall not include individual salary adjustments 11 which are granted primarily in anticipation of the member's 12 retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular school day or the regular 13 14 school year. This paragraph shall not apply to a person who at the 15 time of enrollment in the retirement system on or after July 1, 2007 16 transfers service credit from another State-administered retirement 17 system pursuant to N.J.S.18A:66-15.1, but shall apply to a former 18 member of the retirement system who has been granted a retirement 19 allowance and is reenrolled in the retirement system on or after July 20 1, 2007 pursuant to N.J.S.18A:66-53.2 after becoming employed 21 again in a position that makes the person eligible to be a member of 22 the retirement system.
 - e. "Employer" means the State, the board of education or any educational institution or agency of or within the State by which a teacher is paid.

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- f. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
- g. "Fiscal year" means any year commencing with July 1, and ending with June 30, next following.
- h. "Pension" means payments for life derived from appropriations made by the State or employers to the Teachers' Pension and Annuity Fund.
- i. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this article, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- j. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted to a member from the Teachers' Pension and Annuity Fund, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.

1 k. "Present-entrant" means any member of the Teachers' 2 Pension and Annuity Fund who had established status as a "present-3 entrant member" of said fund prior to January 1, 1956.

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- l. "Rate of contribution initially certified" means the rate of contribution certified by the retirement system in accordance with N.J.S.18A:66-29.
- 7 m. "Regular interest" shall mean interest as determined by the 8 State Treasurer, after consultation with the Directors of the 9 Divisions of Investment and Pensions, the board of trustees and the 10 actuary. It shall bear a reasonable relationship to the percentage 11 rate of earnings on investments based on the market value of assets 12 but shall not exceed the assumed percentage rate of increase applied 13 to salaries plus 3%, provided however that the board of trustees 14 shall not set the average percentage rate of increase applied to 15 salaries below 6%.
 - n. "Retirement allowance" means the pension plus the annuity.
 - o. "School service" means any service as a "teacher" as defined in this section.
 - p. "Teacher" means any regular teacher, special teacher, helping teacher, teacher clerk, principal, vice-principal, supervisor, supervising principal, director, superintendent, city superintendent, assistant city superintendent, county superintendent, Commissioner or Assistant Commissioner of Education, members of the State Department of Education who are certificated, unclassified professional staff and other members of the teaching or professional staff of any class, public school, high school, normal school, model school, training school, vocational school, truant reformatory school, or parental school, and of any and all classes or schools within the State conducted under the order and superintendence, and wholly or partly at the expense of the State Board of Education, of a duly elected or appointed board of education, board of school directors, or board of trustees of the State or of any school district or normal school district thereof, and any persons under contract or engagement to perform one or more of these functions. It shall also mean any person who serves, while on an approved leave of absence from regular duties as a teacher, as an officer of a local, county or State labor organization which represents, or is affiliated with an organization which represents, teachers as defined in this subsection. No person shall be deemed a teacher within the meaning of this article who is a substitute teacher. In all cases of doubt the board of trustees shall determine whether any person is a teacher as defined in this article.
 - q. "Teachers' Pension and Annuity Fund," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this article, including the several funds placed under said system. By that name all its business shall be transacted, its funds invested, warrants for money drawn, and

payments made and all of its cash and securities and other property held.

- 3 "Veteran" means any honorably discharged officer, soldier, 4 sailor, airman, marine or nurse who served in any Army, Air Force 5 or Navy of the Allies of the United States in World War I between 6 July 14, 1914, and November 11, 1918, or who served in any Army, 7 Air Force or Navy of the Allies of the United States in World War 8 II, between September 1, 1939, and September 2, 1945, and who 9 was inducted into such service through voluntary enlistment, and 10 was a citizen of the United States at the time of such enlistment, and 11 who did not, during or by reason of such service, renounce or lose 12 United States citizenship, and any officer, soldier, sailor, marine, 13 airman, nurse or army field clerk who has served in the active military or naval service of the United States and has or shall be 14 15 discharged or released therefrom under conditions other than 16 dishonorable, in any of the following wars, uprisings, insurrections, 17 expeditions or emergencies, and who has presented to the retirement
 - (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;

system evidence of such record of service in form and content

satisfactory to said retirement system:

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- (2) The Spanish-American War between April 20, 1898, and April 11, 1899;
- (3) The Philippine insurrections and expeditions during the periods recognized by the War Department of the United States as of active hostility from February 4, 1899, to the end of 1913;
- 28 (4) The Peking relief expedition between June 20, 1900, and 29 May 27, 1902;
- 30 (5) The army of Cuban occupation between July 18, 1898, and 31 May 20, 1902;
- 32 (6) The army of Cuban pacification between October 6, 1906, 33 and April 1, 1909;
- (7) The Mexican punitive expedition between March 14, 1916,and February 7, 1917;
 - (8) The Mexican border patrol, having actually participated in engagements against Mexicans between April 12, 1911, and June 16, 1919;
- 39 (9) World War I, between April 6, 1917, and November 11, 40 1918;
- 41 (10) World War II, between September 16, 1940, and December 42 31, 1946, who shall have served at least 90 days in such active 43 service, exclusive of any period of assignment (1) for a course of 44 education or training under the Army Specialized Training Program 45 or the Navy College Training Program, which course was a 46 continuation of a civilian course and was pursued to completion, or 47 (2) as a cadet or midshipman at one of the service academies, any 48 part of which 90 days was served between said dates; provided that

any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;

- (11) Korean conflict on or after June 23, 1950, and on or prior to January 31, 1955, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided; and provided further that any member classed as a veteran pursuant to this subsection prior to August 1, 1966, shall continue to be classed as a veteran, whether or not that person completed the 90-day service between said dates as herein provided;
- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict, on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program, which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran, whether or not that person has completed the 90-day service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days

commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of

inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of the operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is latest; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;
- (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998, and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
- (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the

President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

- s. "Child" means a deceased member's unmarried child either (a) under the age of 18 or (b) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- t. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least one-half of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- u. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before

- the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
 - (2) Subject to the provisions of paragraph (3) of this subsection, "widow," for employees of public employers other than the State, means the woman to whom a member was married at least five years before the date of his death and to whom he continued to be married until the date of his death and who was receiving at least one-half of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow shall be considered terminated by the marriage of the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
 - (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
 - v. "Parent" means the parent of a member who was receiving at least one-half of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
 - w. "Medical board" means the board of physicians provided for in N.J.S.18A:66-56.
 - x. (1) "Spouse," for employees of the State, means the husband or wife, or domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), of a member.
 - (2) Subject to the provisions of paragraph (1) of this subsection, "spouse," for employees of public employers other than the State, means the husband or wife of a member.
 - (3) A public employer other than the State may adopt a resolution providing that the term "spouse" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- 44 (cf: P.L.2005, c.64, s.2)

- 10. Section 6 of P.L.1954, c.84 (C.43:15A-6) is amended to read as follows:
 - 6. As used in this act:

a. "Accumulated deductions" means the sum of all the amounts, deducted from the compensation of a member or contributed by or on behalf of the member, standing to the credit of the member's individual account in the annuity savings fund.

- b. "Annuity" means payments for life derived from the accumulated deductions of a member as provided in this act.
- c. "Annuity reserve" means the present value of all payments to be made on account of any annuity or benefit in lieu of an annuity, granted under the provisions of this act, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- d. "Beneficiary" means any person receiving a retirement allowance or other benefit as provided in this act.
- e. "Child" means a deceased member's unmarried child either (1) under the age of 18 or (2) of any age who, at the time of the member's death, is disabled because of mental retardation or physical incapacity, is unable to do any substantial, gainful work because of the impairment and the impairment has lasted or can be expected to last for a continuous period of not less than 12 months, as affirmed by the medical board.
- f. "Parent" shall mean the parent of a member who was receiving at least 1/2 of the parent's support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a parent will be considered terminated by marriage of the parent subsequent to the death of the member.
- g. (1) "Widower," for employees of the State, means the man to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of her death and to whom she continued to be married or a domestic partner until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower will be considered terminated by marriage of, or establishment of a domestic partnership by, the widower subsequent to the death of the member. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widower," for employees of public employers other than the State, means the man to whom a member was married at least five years before the date of her death and to whom she continued to be married until the date of her death and who was receiving at least 1/2 of his support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widower shall be considered terminated by marriage of the widower subsequent to the death of the member. In the event of the

payment of an accidental death benefit, the five-year qualification shall be waived.

- (3) A public employer other than the State may adopt a resolution providing that the term "widower" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- h. "Final compensation" means the average annual compensation for which contributions are made for the three years of creditable service in New Jersey immediately preceding the member's retirement or death, or it shall mean the average annual compensation for New Jersey service for which contributions are made during any three fiscal years of his or her membership providing the largest possible benefit to the member or the member's beneficiary.
 - i. "Fiscal year" means any year commencing with July 1 and ending with June 30 next following.
- j. "Medical board" shall mean the board of physicians provided for in section 17 (C.43:15A-17).
- k. "Pension" means payments for life derived from appropriations made by the employer as provided in this act.
- l. "Pension reserve" means the present value of all payments to be made on account of any pension or benefit in lieu of a pension granted under the provisions of this act, computed on the basis of such mortality tables recommended by the actuary as the board of trustees adopts, with regular interest.
- m. "Public Employees' Retirement System of New Jersey," hereinafter referred to as the "retirement system" or "system," is the corporate name of the arrangement for the payment of retirement allowances and other benefits under the provisions of this act including the several funds placed under said system. By that name all of its business shall be transacted, its funds invested, warrants for money drawn, and payments made and all of its cash and securities and other property held.
- n. "Regular interest" shall mean interest as determined by the State Treasurer, after consultation with the Directors of the Divisions of Investment and Pensions, the board of trustees and the actuary. It shall bear a reasonable relationship to the percentage rate of earnings on investments based on the market value of the assets but shall not exceed the assumed percentage rate of increase applied to salaries plus 3%, provided however that the board of trustees shall not set the average percentage rate of increase applied to salaries below 6%.
- o. "Retirement allowance" means the pension plus the annuity.
- p. "Veteran" means any honorably discharged officer, soldier, sailor, airman, marine or nurse who served in any Army, Air Force or Navy of the Allies of the United States in World War I, between July 14, 1914, and November 11, 1918, or who served in any Army, Air Force or Navy of the Allies of the United States in World War

- 1 II, between September 1, 1939, and September 2, 1945, and who
- 2 was inducted into such service through voluntary enlistment, and
- 3 was a citizen of the United States at the time of such enlistment, and
- 4 who did not, during or by reason of such service, renounce or lose
- 5 United States citizenship, and any officer, soldier, sailor, marine,
- 6 airman, nurse or army field clerk, who has served in the active
- 7 military or naval service of the United States and has or shall be
- 8 discharged or released therefrom under conditions other than
- 9 dishonorable, in any of the following wars, uprisings, insurrections,
- expeditions, or emergencies, and who has presented to the retirement system evidence of such record of service in form and
- 12 content satisfactory to said retirement system:

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- (1) The Indian wars and uprisings during any of the periods recognized by the War Department of the United States as periods of active hostility;
- (2) The Spanish-American War between April 20, 1898, and April 11, 1899;
- 18 (3) The Philippine insurrections and expeditions during the 19 periods recognized by the War Department of the United States as 20 of active hostility from February 4, 1899, to the end of 1913;
- 21 (4) The Peking relief expedition between June 20, 1900, and 22 May 27, 1902;
- 23 (5) The army of Cuban occupation between July 18, 1898, and 24 May 20, 1902;
 - (6) The army of Cuban pacification between October 6, 1906, and April 1, 1909;
 - (7) The Mexican punitive expedition between March 14, 1916, and February 7, 1917;
- 29 (8) The Mexican border patrol, having actually participated in 30 engagements against Mexicans between April 12, 1911, and June 31 16, 1919;
- 32 (9) World War I, between April 6, 1917, and November 11, 33 1918;
- 34 (10) World War II, between September 16, 1940, and December 35 31, 1946, who shall have served at least 90 days in such active 36 service, exclusive of any period of assignment (1) for a course of 37 education or training under the Army Specialized Training Program 38 or the Navy College Training Program which course was a 39 continuation of a civilian course and was pursued to completion, or 40 (2) as a cadet or midshipman at one of the service academies any 41 part of which 90 days was served between said dates; provided, that 42 any person receiving an actual service-incurred injury or disability 43 shall be classed as a veteran whether or not that person has 44 completed the 90-day service as herein provided;
- 45 (11) Korean conflict on or after June 23, 1950, and on or prior to 46 January 31, 1955, who shall have served at least 90 days in such 47 active service, exclusive of any period of assignment (1) for a 48 course of education or training under the Army Specialized

Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90-day service as herein provided; and provided further, that any member classed as a veteran pursuant to this paragraph prior to August 1, 1966, shall continue to be classed as a veteran whether or not that person completed the 90-day service between said dates as herein provided;

- (12) Lebanon crisis, on or after July 1, 1958, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 1, 1958 or the date of termination of that conflict, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (13) Vietnam conflict on or after December 31, 1960, and on or prior to May 7, 1975, who shall have served at least 90 days in such active service, exclusive of any period of assignment (1) for a course of education or training under the Army Specialized Training Program or the Navy College Training Program which course was a continuation of a civilian course and was pursued to completion, or (2) as a cadet or midshipman at one of the service academies, any part of which 90 days was served between said dates; and exclusive of any service performed pursuant to the provisions of section 511(d) of Title 10, United States Code, pursuant to an enlistment in the Army National Guard or as a reserve for service in the Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 90 days' service as herein provided;
- (14) Lebanon peacekeeping mission, on or after September 26, 1982, who has served in Lebanon or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before December 1, 1987 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

(15) Grenada peacekeeping mission, on or after October 23, 1983, who has served in Grenada or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before November 21, 1983 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (16) Panama peacekeeping mission, on or after December 20, 1989 or the date of inception of that mission, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in Panama or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuous or in the aggregate, of at least 14 days commencing on or before January 31, 1990 or the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (17) Operation "Desert Shield/Desert Storm" mission in the Arabian peninsula and the Persian Gulf, on or after August 2, 1990 or the date of inception of that operation, as proclaimed by the President of the United States or Congress, whichever date of inception is earliest, who has served in the Arabian peninsula or on board any ship actively engaged in patrolling the Persian Gulf for a period, continuous or in the aggregate, of at least 14 days commencing on or before the date of termination of that mission, as proclaimed by the President of the United States or Congress, whichever date of termination is the latest, in such active service; provided, that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;
- (18) Operation Northern Watch and Operation Southern Watch, on or after August 27, 1992, or the date of inception of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of inception is earliest, who served in the theater of operation, including in the Arabian peninsula and the Persian Gulf, and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service, commencing on or before the date of termination of that operation, as proclaimed by the President of the United States, Congress or United States Secretary of Defense, whichever date of termination is the latest;

provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided;

- (19) Operation "Restore Hope" in Somalia, on or after December 5, 1992, or the date of inception of that operation as proclaimed by the President of the United States or Congress, whichever date is earliest, who has served in Somalia or on board any ship actively engaged in patrolling the territorial waters of that nation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before March 31, 1994; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person has completed the 14-day service as herein provided;
- (20) Operations "Joint Endeavor" and "Joint Guard" in the Republic of Bosnia and Herzegovina, on or after November 20, 1995, who served in such active service in direct support of one or both of the operations for at least 14 days, continuously or in the aggregate, commencing on or before June 20, 1998 and (1) was deployed in that nation or in another area in the region, or (2) was on board a United States naval vessel operating in the Adriatic Sea, or (3) operated in airspace above the Republic of Bosnia and Herzegovina; provided that any person receiving an actual service-incurred injury or disability shall be classed as a veteran whether or not that person completed the 14-day service requirement;
- (21) Operation "Enduring Freedom", on or after September 11, 2001, who served in a theater of operation and in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided; and
- (22) Operation "Iraqi Freedom", on or after the date the President of the United States or the United States Secretary of Defense designates as the inception date of that operation, who served in Iraq or in another area in the region in direct support of that operation for a period, continuously or in the aggregate, of at least 14 days in such active service commencing on or before the date the President of the United States or the United States Secretary of Defense designates as the termination date of that operation; provided, that any person receiving an actual service-incurred injury or disability while engaged in such service shall be classed as a veteran whether or not that person has completed the 14 days' service as herein provided.

"Veteran" also means any honorably discharged member of the American Merchant Marine who served during World War II and is declared by the United States Department of Defense to be eligible for federal veterans' benefits.

- q. (1) "Widow," for employees of the State, means the woman to whom a member was married, or a domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), at least five years before the date of his death and to whom he continued to be married or a domestic partner until the date of his death and who was receiving at least 1/2 of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow will be considered terminated by the marriage of, or establishment of a domestic partnership by, the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (2) Subject to the provisions of paragraph (3) of this subsection, "widow," for employees of public employers other than the State, means the woman to whom a member was married at least five years before the date of his death and to whom he continued to be married until the date of his death and who was receiving at least 1/2 of her support from the member in the 12-month period immediately preceding the member's death or the accident which was the direct cause of the member's death. The dependency of such a widow shall be considered terminated by the marriage of the widow subsequent to the member's death. In the event of the payment of an accidental death benefit, the five-year qualification shall be waived.
- (3) A public employer other than the State may adopt a resolution providing that the term "widow" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.
- r. (1) "Compensation" means the base or contractual salary, for services as an employee, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular workday or the regular work year.
- (2) In the case of a person who becomes a member of the retirement system on or after July 1, 2007, "compensation" means the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for services as an employee, which is in accordance with established salary policies of the member's employer for all employees in the same position but shall not include individual salary adjustments which are granted

primarily in anticipation of the member's retirement or additional remuneration for performing temporary or extracurricular duties beyond the regular workday or the regular work year. This paragraph shall not apply to a person who at the time of enrollment in the retirement system on or after July 1, 2007 transfers service credit from another State-administered retirement system pursuant to section 14 of P.L.1954, c.84 (C.43:15A-14), but shall apply to a former member of the retirement system who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 pursuant to section 27 of P.L.1966, c.217 (C.43:15A-57.2) after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

In cases where salary includes maintenance, the retirement system shall fix the value of that part of the salary not paid in money which shall be considered under this act.

(cf: P.L.2005, c.64, s.3)

- 11. Section 1 of P.L.2007, c.92 (C.43:15C-1) is amended to read as follows:
- 1. There is hereby established in the Department of the Treasury a Defined Contribution Retirement Program. The program design shall be one that is permitted for governmental plans under the federal Internal Revenue Code as determined by the State Treasurer. The retirement program is deemed to be a pension fund or retirement system for purposes of P.L.1968, c.23 (C.43:3C-1 et seq.). For the purposes of the Defined Contribution Retirement Program:

"Base salary" means a participant's regular base salary; except that for a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), it shall mean the excess over the maximum compensation as specified in that paragraph. It shall exclude overtime or other forms of extra compensation, including but not limited to, longevity lump sum payments, lump sum terminal sick leave or vacation pay, the value of maintenance, individual pay adjustments made within or at the conclusion of the participant's final year of service, retroactive salary adjustments or other pay adjustments made in the participant's final year of service unless the adjustment was made as a result of a general pay adjustment for all personnel of the public office or agency in which the participant is employed, or any unscheduled individual adjustment made in the final year to place the participant at the maximum salary level within salary range.

"Employer" means the State or a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or a subdivision, that pays the base salary of a participant for services rendered by the participant. 1 "Retirement program" means the Defined Contribution 2 Retirement Program established by this section.

3 (cf: P.L.2007, c.92, s.1)

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- 12. Section 2 of P.L.2007, c.92 (C.43:15C-2) is amended to read as follows:
- 2. a. The following persons shall be eligible and shall participate in the Defined Contribution Retirement Program.
- (1) A person who commences service on or after the effective date of this section of P.L.2007, c.92 (C.43:15C-1 et al.) in an elective public office of this State or of a political subdivision thereof, except that it shall not include a person who holds elective public office on the effective date of this section and is enrolled in the Public Employees' Retirement System while that person continues to hold that elective public office without a break in service. Service in the Legislature shall be considered a single elective public office.
- (2) A person who commences service on or after the effective date of this section in an employment, office or position of the State or of a political subdivision thereof, or an agency, board, commission, authority or instrumentality of the State or of a subdivision, pursuant to an appointment by the Governor that requires the advice and consent of the Senate, or pursuant to an appointment by the Governor to serve at the pleasure of the Governor only during his or her term of office. This paragraph shall not be deemed to include a person otherwise eligible for membership in the State Police Retirement System or the Judicial Retirement System.
- (3) A person who commences service on or after the effective date of this section in an employment, office or position in a political subdivision of the State, or an agency, board, commission, authority or instrumentality of a subdivision, pursuant to an appointment by an elected public official or elected governing body, that requires the specific consent or approval of the elected governing body of the political subdivision that is substantially similar in nature to the advice and consent of the Senate for appointments by the Governor of the State as that similarity is determined by the elected governing body and set forth in an adopted ordinance or resolution, pursuant to guidelines or policy that shall be established by the Local Finance Board in the Department of Community Affairs or the Department of Education, as appropriate to the elected governing body. This paragraph shall not be deemed to include a person otherwise eligible for membership in the Teachers' Pension and Annuity Fund or the Police and Firemen's Retirement System, or a person who is employed or appointed in the regular or normal course of employment or appointment procedures and consented to or approved in a general or routine manner appropriate for and

followed by the political subdivision, or the agency, board, commission, authority or instrumentality of a subdivision, or a person who holds a professional license or certificate to perform and is performing as a certified health officer, tax assessor, tax collector, municipal planner, chief financial officer, registered municipal clerk, construction code official, licensed uniform subcode inspector, qualified purchasing agent, or certified public works manager.

- (4) A person who is granted a pension or retirement allowance under any pension fund or retirement system established under the laws of this State and elects to participate pursuant to section 1 of P.L.1977, c.171 (C.43:3C-3) upon being elected to public office.
- (5) A member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System for whom compensation is defined as the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for contribution and benefit purposes in either of those retirement systems, for whom participation in this retirement program shall be with regard to any excess over the maximum compensation only.
- b. No person shall be eligible to participate in the retirement program with respect to any public employment, office, or position if:
- (1) the base salary for that employment, office, or position is less than \$1,500 per year;
- (2) the person is, on the basis of service in that employment, office, or position, eligible for membership or enrolled as a member of another State or locally-administered pension fund or retirement system established under the laws of this State including the Alternate Benefit Program, except as otherwise specifically provided in subsection a. of this section;
- (3) the person is receiving a benefit as a retiree from any other State or locally-administered pension fund or retirement system established under the laws of this State, except as provided in section 1 of P.L.1977, c.171 (C.43:3C-3); or
- (4) the person is an officer or employee of a political subdivision of this State or of a board of education, or of any agency, authority or instrumentality thereof, who is ineligible for membership in the Public Employees' Retirement System pursuant to section 20 of P.L.2007, c.92 (C.43:15A-7.2).
- c. A person eligible and required to participate in the retirement program whose base salary is less than \$5,000 may at the commencement of service in an employment, office or position, or a person eligible and required to participate in the retirement program pursuant to paragraph (5) of subsection a. of this section may, irrevocably elect to waive participation with regard to that employment, office, or position by filing, at the time and on a form required by the division, a written waiver with the Division of

Pensions and Benefits that waives all rights and benefits that would otherwise be provided by the retirement program.

- d. Service credited to a participant in the Defined Contribution Retirement Program shall not be recognized as service credit to determine eligibility for employer-paid health care benefits in retirement pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.), N.J.S.40A:10-16 et seq., P.L.1979, c.391 (C.18A:16-12 et seq.) or any other law, rule or regulation.
- 9 (cf: P.L.2007, c.92, s.2)

- 13. Section 7 of P.L.2007, c.92 (C.43:15C-7) is amended to read as follows:
- 7. The benefit under a group contract or contracts providing life insurance shall be in an amount equal to one and one-half the base annual salary of the participant in the retirement program, except that in the event of death after retirement, the amount payable shall equal 3/16 of the participant's base annual salary. "Base annual salary" means the base salary upon which contributions by the participant and the participant's employer to the retirement program were based during the last year of creditable service.

For purposes of this section, a participant shall be deemed to be in service and covered by the group life insurance for a period of official leave of absence without pay when such leave is due to illness or any reason other than illness, with such period to be determined by the Division of Pensions and Benefits, if satisfactory evidence is presented to the division of such official leave of absence. A participant shall be deemed to be on an official leave of absence only if the leave is formally approved by the employer prior to the time the leave commenced and timely notice is filed by the employer with the division. If timely notice is not filed, the employer shall be responsible for the payment of any benefits pursuant to this section if the participant was otherwise eligible for such benefits.

In the event of the death of a participant in active service in the first year of participation as a result of an accident met in the actual performance of duty at some definite time and place, the death benefit payable pursuant to this section shall be computed at the annual rate of base salary.

No beneficiary of a retired participant shall be entitled to receive the death benefits payable in the event of death after retirement pursuant to this section unless the participant either: had at least 25 years of credited participation in the retirement program established pursuant to this act; or had at least 10 years of such credited participation and had attained 60 years of age and was an actively employed participant in the program in the year immediately preceding initial receipt of a retirement annuity. For a member who is a participant pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), service credit in the Teachers'

- 1 Pension and Annuity Fund or the Public Employees' Retirement
- 2 System shall also be considered in determining if the participant
- 3 met the requirements of this paragraph.
- 4 (cf: P.L.2007, c.92, s.7)

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- 6 14. Section 11 of P.L.2007, c.92 (C.43:15C-11) is amended to read as follows:
 - 11. Any person entitled to become a participant in the retirement program shall not be allowed any of the group life insurance and disability benefits if on the date of filing an application for participation the person is 60 or more years of age, or if the person makes application for participation in the retirement program beyond the year after first becoming eligible for participation, regardless of age, unless the participant furnishes satisfactory evidence of insurability and on the effective date of participation is actively at work and performing all regular duties at the customary place of employment.

The effective date of coverage for such benefits shall be the first day of the month which immediately follows the date when such evidence is determined to be satisfactory.

Such evidence of insurability shall not be required of any person enrolling in the retirement program upon transfer from another State-administered retirement system, if such retirement system provided a benefit of a similar nature and the transferring person was covered by such a benefit at the time of the transfer. If such transferring person was not covered by such a benefit at the time of the transfer, the person may be allowed the benefit under the group policy or policies; however, any such person shall furnish satisfactory evidence of insurability if he had been unable or failed to give such evidence as a member of the retirement system from which the person transferred. Such evidence of insurability shall not be required of any member of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System who is enrolling in the retirement program pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), if such retirement system provides a benefit of a similar nature and the participant is covered by such a benefit at the time of enrollment in the program.

Any person who must furnish satisfactory evidence of insurability under the provisions of this section and who ceases to be a participant in the retirement program without such evidence having been given shall continue to be subject to the same requirement if the person subsequently becomes a participant.

44 (cf: P.L.2007, c.92, s.11)

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15. Section 13 of P.L.2007, c.92 (C.43:15C-13) is amended to read as follows:

The disability benefit coverage provided under a group policy or policies shall provide a monthly income if the participant becomes totally disabled from occupational or nonoccupational causes for a period of at least six consecutive months following the effective date of the coverage. The monthly disability benefit may be paid by the insurance company so long as the participant remains disabled up to the seventieth birthday, provided the disability commenced prior to the sixtieth birthday. The benefit shall terminate when the participant is no longer considered totally disabled or begins to receive retirement benefits.

The participant shall be considered totally disabled if the participant is unable to perform each duty of the participant's occupation and is under the regular care of a physician. After the 24 months following the commencement of such disability benefit payments, the participant shall be unable to engage in any gainful occupation for which the participant is reasonably fitted by education, training or experience. Total disability shall not be considered to exist if the participant is gainfully employed. Following an agreement with the insurance company and the policyholder, the participant may continue to receive disability benefits for a limited time while performing some type of work. During the period of rehabilitation, the monthly benefit shall be the regular payment less 80% of the participant's earnings from such rehabilitative position.

A participant shall be deemed to be in service and covered by the disability benefit insurance provisions for a period of no more than six months while on official leave of absence without pay if satisfactory evidence is presented to the Division of Pensions and Benefits that such leave of absence without pay is due to illness and that the participant was not actively engaged in any gainful occupation during such period of leave of absence without pay.

Disability benefit insurance provisions of the group policy or policies shall not cover disability resulting from or contributed to by pregnancy, act of war, intentionally self-inflicted injury, or attempted suicide whether or not sane. For purposes of such disability benefit coverage, the participant shall not be considered to be disabled while the participant is imprisoned or while outside the United States, its territories or possessions, or Canada.

If the participant has recovered from the disability for which the member had received benefits and again becomes totally disabled while insured, the later disability shall be regarded as a continuation of the prior one unless the participant has returned to full-time covered employment for at least six months. If the later absence is due to an unrelated cause and the participant had returned to full-time work, it shall be considered a new disability. The disability benefit insurance cannot be converted to an individual policy.

No participant shall be covered by the disability benefit provision of the group policy or policies except upon the

- 1 completion of one year of full-time continuous employment in a
- 2 position eligible for participation in the Defined Contribution
- 3 Retirement Program. For a member who is a participant pursuant to
- 4 paragraph (5) of subsection a. of section 2 of P.L.2007, c.92
- 5 (C.43:15C-2), completion of one year of full-time continuous
- employment in a position eligible for membership in the Teachers' 6 7
- Pension and Annuity Fund or the Public Employees' Retirement
- 8 System shall also be considered in determining if the participant
- 9 met the requirements of this paragraph.

10 (cf: P.L.2007, c.92, s.13)

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- 16. Section 14 of P.L.2007, c.92 (C.43:15C-14) is amended to read as follows:
- 14 The disability benefit provided under a group policy or 15 policies shall be in an amount equal to 60% of the participant's base 16 monthly salary, reduced by periodic benefits to which the 17 participant may be entitled during the period of total disability. For 18 a member who is a participant pursuant to paragraph (5) of 19 subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), base 20 monthly salary for this disability benefit shall mean the base or 21 contractual salary upon which contributions were made to the 22 Teachers' Pension and Annuity Fund or the Public Employees' 23 Retirement System and to this program.
 - The periodic benefit by which the monthly disability benefit may be reduced shall include salary or wages, retirement benefits or benefits from any source for which the State or other public employer has paid any part of the cost or made payroll deductions, Social Security disability or other benefits, including dependents' benefits, and benefits paid by Social Security at the option of the participant before the age of 65, but not including any increase in Social Security benefits enacted after the disability benefit under such group policy or policies have commenced, and any other periodic benefits provided by law except on account of military service.
 - When a participant begins to receive a disability benefit under such group policy or policies, the insurance company shall pay an amount equal to the employee contribution which would have been required of the participant and deducted from the participant's base salary in order to meet the participant's obligation for the program. Such amount shall be paid by the insurance company without reduction by any other periodic benefit which the participant is eligible to receive. Such amount shall be paid by the insurance company to the insurer or insurers for the participant's retirement annuity.
- 45 Premiums for such disability coverage shall be paid from a 46 special fund, hereby created, called the "Defined Contribution 47 Retirement Program Disability Premium Fund." 48 Treasurer shall estimate annually the amount that will be required

1 for premiums for such benefits for the ensuing fiscal year and shall 2 certify such amounts that shall be applied to the total State and 3 other employer contributions due on behalf of the participants in the 4 retirement program from the State and other employers, depositing 5 such amounts in the premium fund. Additionally, employers will pay their share of the administrative costs of the program. The 6 7 intervals for all payments and the allocation of administrative costs 8 shall be determined by the Division of Pensions and Benefits 9 including due dates and penalties for non compliance.

10 (cf: P.L.2007, c.92, s.14)

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17. N.J.S.18A:66-15 is amended to read as follows:

18A:66-15. In computing for retirement or for purposes of resignation or separation from service under sections 18A:66-36 and 18A:66-37 the total service of a member about to be retired, the retirement system shall credit him with all service rendered by him since he last became a member and in addition, with all the service to which he is entitled and with no other service. otherwise provided in this article, such service credit shall be final and conclusive for retirement purposes, or for purposes of resignation under sections 18A:66-36 and 18A:66-37, unless the member shall discontinue his service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection d. of N.J.S.18A:66-2, the retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the member was a participant of the Defined Contribution Retirement Program, pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), and making contributions to that program.

For the purpose of computing service for retirement purposes, the board of trustees shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and part of a year of service. Not more than one year shall be credited for all service in a calendar year.

(cf: N.J.S.18A:66-15)

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- 18. Section 39 of P.L.1954, c.84 (C.43:15A-39) is amended to read as follows:
- 39. In computing for retirement purposes the total service of a member about to be retired, the retirement system shall credit the member with the time of all service rendered by the member since that member's last enrollment, and in addition with all the service to which the member is entitled and with no other service. Except as otherwise provided in this act, this service credit shall be final and conclusive for retirement purposes unless the member shall discontinue service for more than two consecutive years. In the case of a member for whom compensation is defined in paragraph (2) of subsection r. of section 6 of P.L.1954, c.84 (C.43:15A-6), the

retirement system shall credit the member with the time of all service rendered by the member during the part of any year that the member was a participant of the Defined Contribution Retirement Program, pursuant to paragraph (5) of subsection a. of section 2 of P.L.2007, c.92 (C.43:15C-2), and making contributions to that

6 program.

For the purpose of computing service for retirement purposes, the board shall fix and determine by appropriate rules and regulations how much service in any year shall equal a year of service and a part of a year of service. Not more than one year shall be credited for all service in a calendar year. A member may purchase credit for time during which the member shall have been absent on an official leave without pay. The credit shall be purchased for a period of time equal to:

- (1) three months or the duration of the leave, whichever is less; or
- (2) if the leave was due to the member's personal illness, two years or the duration of the leave, whichever is less; or
- (3) the period of leave that is specifically allowed for retirement purposes by the provisions of any law of this State.

The purchase shall be made in the same manner and be subject to the same terms and conditions provided for the purchase of previous membership service credit by section 8 of P.L.1954, c.54 (C.43:15A-8). In computing the service or in computing final compensation, no time during which a member was in employment, office, or position for which the annual salary or remuneration was fixed at less than \$500.00 in the case of service rendered prior to November 6, 1986, or less than \$1,500.00 in the case of service rendered on or after that date, shall be credited, except that in the case of a veteran member credit shall be given for service rendered prior to January 2, 1955, in an employment, office or position if the annual salary or remuneration therefor was fixed at not less than \$300.00 and such service consisted of the performance of the full duties of the employment, office or position.

(cf: P.L.1991, c.138, s.10)

- 19. Section 2 of P.L.1961, c.49 (C.52:14-17.26) is amended to read as follows:
 - 2. As used in this act:
 - (a) The term "State" means the State of New Jersey.
- (b) The term "commission" means the State Health Benefits Commission, created by section 3 of this act.
- (c) The term "employee" means an appointive or elective officer or full-time employee of the State of New Jersey. For the purposes of this act an employee of Rutgers, The State University of New Jersey, shall be deemed to be an employee of the State, and an employee of the New Jersey Institute of Technology shall be considered to be an employee of the State during such time as the

1 Trustees of the Institute are party to a contractual agreement with

2 the State Treasurer for the provision of educational services. The

3 term "employee" shall further mean, for purposes of this act, a

4 former employee of the South Jersey Port Corporation, who is

employed by a subsidiary corporation or other corporation, which

6 has been established by the Delaware River Port Authority pursuant

7 to subdivision (m) of Article I of the compact creating the Delaware

8 River Port Authority (R.S.32:3-2), as defined in section 3 of

9 P.L.1997, c.150 (C.34:1B-146), and who is eligible for continued 10

membership in the Public Employees' Retirement System pursuant

11 to subsection j. of section 7 of P.L.1954, c.84 (C.43:15A-7).

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For the purposes of this act the term "employee" shall not include persons employed on a short-term, seasonal, intermittent or emergency basis, persons compensated on a fee basis, persons having less than two months of continuous service or persons whose compensation from the State is limited to reimbursement of necessary expenses actually incurred in the discharge of their official duties, provided, however, that the term "employee" shall include persons employed on an intermittent basis to whom the State has agreed to provide coverage under P.L.1961, c.49 (C.52:14-17.25 et seq.) in accordance with a binding collective negotiations agreement. An employee paid on a 10-month basis, pursuant to an annual contract, will be deemed to have satisfied the two-month waiting period if the employee begins employment at the beginning of the contract year. The term "employee" shall also not include retired persons who are otherwise eligible for benefits under this act but who, although they meet the age or disability eligibility requirement of Medicare, are not covered by [the complete federal program Medicare Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B. A determination by the commission that a person is an eligible employee within the meaning of this act shall be final and shall be binding on all parties.

(d) (1) The term "dependents" means an employee's spouse, partner in a civil union couple or an employee's domestic partner as defined in section 3 of P.L.2003, c.246 (C.26:8A-3), and the employee's unmarried children under the age of 23 years who live with the employee in a regular parent-child relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family Services in the Department of Children and Families, provided they are reported for coverage and are wholly dependent upon the employee for support and maintenance. A spouse, partner in a civil union couple, domestic partner or child enlisting or inducted into military service shall not be considered a dependent during the military service. The term "dependents" shall not include spouses, partners in a civil union couple or domestic partners of retired persons who are otherwise eligible for the benefits under this act but who, although

they meet the age <u>or disability</u> eligibility requirement of Medicare, are not covered by [the complete federal program] <u>Medicare</u> Hospital Insurance, also known as Medicare Part A, and Medicare Medical Insurance, also known as Medicare Part B.

- 5 (2) Notwithstanding the provisions of paragraph (1) of this 6 subsection to the contrary and subject to the provisions of paragraph 7 (3) of this subsection, for the purposes of an employer other than 8 the State that is participating in the State Health Benefits Program 9 pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34), the term 10 "dependents" means an employee's spouse or partner in a civil 11 union couple and the employee's unmarried children under the age 12 of 23 years who live with the employee in a regular parent-child 13 relationship. "Children" shall include stepchildren, legally adopted children and children placed by the Division of Youth and Family 14 15 Services in the Department of Children and Families provided they 16 are reported for coverage and are wholly dependent upon the 17 employee for support and maintenance. A spouse , partner in a civil 18 union couple or child enlisting or inducted into military service 19 shall not be considered a dependent during the military service. 20 The term "dependents" shall not include spouses or partners in a 21 <u>civil union couple</u> of retired persons who are otherwise eligible for 22 benefits under P.L.1961, c.49 (C.52:14-17.25 et seq.) but who, 23 although they meet the age or disability eligibility requirement of 24 Medicare, are not covered by [the complete federal program] 25 Medicare Hospital Insurance, also known as Medicare Part A, and 26 Medicare Medical Insurance, also known as Medicare Part B.
 - (3) An employer other than the State that is participating in the State Health Benefits Program pursuant to section 3 of P.L.1964, c.125 (C.52:14-17.34) may adopt a resolution providing that the term "dependents" as defined in paragraph (2) of this subsection shall include domestic partners as provided in paragraph (1) of this subsection.

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- (e) The term "carrier" means a voluntary association, corporation or other organization, including a health maintenance organization as defined in section 2 of the "Health Maintenance Organizations Act," P.L.1973, c.337 (C.26:2J-2), which is lawfully engaged in providing or paying for or reimbursing the cost of, personal health services, including hospitalization, medical and surgical services, under insurance policies or contracts, membership or subscription contracts, or the like, in consideration of premiums or other periodic charges payable to the carrier.
- (f) The term "hospital" means (1) an institution operated pursuant to law which is primarily engaged in providing on its own premises, for compensation from its patients, medical diagnostic and major surgical facilities for the care and treatment of sick and injured persons on an inpatient basis, and which provides such facilities under the supervision of a staff of physicians and with 24 hour a day nursing service by registered graduate nurses, or (2) an

- institution not meeting all of the requirements of (1) but which is accredited as a hospital by the Joint Commission on Accreditation In no event shall the term "hospital" include a convalescent nursing home or any institution or part thereof which is used principally as a convalescent facility, residential center for the treatment and education of children with mental disorders, rest facility, nursing facility or facility for the aged or for the care of drug addicts or alcoholics.
 - (g) The term "State managed care plan" means a health care plan under which comprehensive health care services and supplies are provided to eligible employees, retirees, and dependents: (1) through a group of doctors and other providers employed by the plan; or (2) through an individual practice association, preferred provider organization, or point of service plan under which services and supplies are furnished to plan participants through a network of doctors and other providers under contracts or agreements with the plan on a prepayment or reimbursement basis and which may provide for payment or reimbursement for services and supplies obtained outside the network. The plan may be provided on an insured basis through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under contracts with the State.
 - (h) The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
 - (i) The term "traditional plan" means a health care plan which provides basic benefits, extended basic benefits and major medical expense benefits as set forth in section 5 of P.L.1961, c.49 (C.52:14-17.29) by indemnifying eligible employees, retirees, and dependents for expenses for covered health care services and supplies through payments to providers or reimbursements to participants.
 - (j) The term "successor plan" means a State managed care plan that shall replace the traditional plan and that shall provide benefits as set forth in subsection (B) of section 5 of P.L.1961, c.49 (C.52:14-17.29) with provisions regarding reimbursements and payments as set forth in paragraph (1) of subsection (C) of section 5 of P.L.1961, c.49 (C.52:14-17.29).
- 40 (cf: P.L.2006, c.47, s.190)

- 42 20. Section 3 of P.L.1961, c.49 (C.52:14-17.27) is amended to 43 read as follows:
- 3. There is hereby created a State Health Benefits Commission, consisting of five members: the State Treasurer; the Commissioner of Banking and Insurance; the Commissioner of Personnel; a State employees' representative chosen by the Public Employees' Committee of the AFL-CIO; and, through June 30, 2008, when

- 1 employers of employees, as defined in section 32 of P.L., c.
- 2 (C.) (pending before the Legislature as this bill), will no longer
- 3 be eligible to participate in the State Health Benefits Program
- 4 <u>authorized by P.L.1961, c.49,</u> a representative chosen by the New
- 5 Jersey Education Association, which represents the largest number
- 6 of employees of employers other than the State participating in the
- 7 State Health Benefits Program. <u>Beginning July 1, 2008, the fifth</u>
- 8 member of the commission shall be a local employees'
- 9 <u>representative chosen by the Public Employees' Committee of the</u>
- 10 AFL-CIO.
- 11 The treasurer shall be chairman of the commission and the health
- benefits program authorized by P.L.1961, c.49 shall be administered
- 13 in the Treasury Department. The Director of the Division of
- 14 Pensions and Benefits shall be the secretary of the commission.
- 15 The commission shall establish a health benefits program for the
- 16 employees of the State, the cost of which shall be paid as specified
- in section 6 of P.L.1961, c.49. The commission shall establish rules
- and regulations as may be deemed reasonable and necessary for the
- administration of P.L.1961, c.49.
- The Attorney General shall be the legal advisor of the commission.
- The members of the commission shall serve without
- 23 compensation but shall be reimbursed for any necessary
- 24 expenditures. The public employee members shall not suffer loss of
- salary or wages during service on the commission.
- The commission shall publish annually a report showing the
- fiscal transactions of the program for the preceding year and stating
- other facts pertaining to the plan. The commission shall submit the
- 29 report to the Governor and furnish a copy to every employer for
- 30 use of the participants and the public.
- 31 (cf: P.L.2003, c.71, s.1)
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- 33 21. Section 4 of P.L.1961, c.49 (C.52:14-17.28) is amended to read as follows:
- 35 4. a. The commission shall negotiate with and arrange for the
- purchase, on such terms as it deems to be in the best interests of the
- 37 State and its employees, from carriers licensed to operate in the
- 38 State or in other jurisdictions, as appropriate, contracts providing
- 39 hospital, surgical, obstetrical, [medical and major medical expense]
- 40 and other covered health care services and benefits covering
- 41 employees of the State and their dependents, and shall execute all
- documents pertaining thereto for and on behalf and in the name of
- 43 the State.
- [The] b. Except for contracts entered into after June 30, 2007,
- 45 <u>the</u> commission shall not enter into a contract under this act unless
- 46 the benefits provided thereunder equal or exceed the minimum
- 47 standards specified in section 5 of P.L.1961, c.49 (C.52:14-17.29)
- 48 for the particular coverage which such contract provides, and unless

1 coverage is available to all eligible employees and their dependents 2 on the basis specified by section 7 of P.L.1961, c.49 (C.52:14-3 17.31), except that a State employee enrolled in the program on or 4 after July 1, 2003 and all law enforcement officers employed by the 5 State for whom there is a majority representative for collective 6 negotiation purposes may not be eligible for coverage under the 7 traditional plan as defined in section 2 of P.L.1961, c.49 (C.52:14-8 17.26) pursuant to a binding collective negotiations agreement or 9 pursuant to the application by the commission, in its sole discretion, 10 of the terms of any collective negotiations agreement binding on the 11 State to State employees for whom there is no majority 12 representative for collective negotiations purposes.

c. The commission shall not enter into a contract under P.L.1961, c.49 (C.52:14-17.25 et seq.) after June 30, 2007, unless the contract includes the successor plan and a State managed care plan that shall be substantially equivalent to the NJ PLUS plan in effect on June 30, 2007, with adjustments to that plan pursuant to a binding collective negotiations agreement or pursuant to action by the commission, in its sole discretion, to apply such adjustments to State employees for whom there is no majority representative for collective negotiations purposes, and unless coverage is available to all eligible employees and their dependents on the basis specified by section 7 of P.L.1961, c.49 (C.52:14-17.31), except as provided in subsection d. of this section.

25 d. Eligibility for coverage under the successor plan may be 26 limited pursuant to a binding collective negotiations agreement or 27 pursuant to the application by the commission, in its sole discretion, 28 of the terms of any collective negotiations agreement binding on the 29 State to State employees for whom there is no majority 30 representative for collective negotiations purposes. Coverage under 31 the successor plan and under the State managed care plan required 32 to be included in a contract entered into pursuant to subsection c. of 33 this section shall be made available in retirement to all State 34 employees who accrued 25 years of nonconcurrent service credit in 35 one or more State or locally-administered retirement systems before 36 July 1, 2007. Coverage under the State managed care plan required 37 to be included in a contract entered into pursuant to subsection c. of 38 this section shall be made available in retirement to all State 39 employees who accrue 25 years of nonconcurrent service credit in 40 one or more State or locally-administered retirement systems on or 41 after July 1, 2007.

e. Actions taken by the commission before the effective date of
P.L., c. (pending before the Legislature as this bill) in
anticipation of entering into any contract pursuant to subsection c.
of this section are hereby deemed to have been within the authority
of the commission pursuant to P.L.1961, c.49 (C.52:14-17.25 et
seq.).

48 (cf: P.L.2005, c.341, s.1)

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22. Section 6 of P.L.1996, c.8 (C.52:14-17.28b) is amended to read as follows:

- 6. a. Notwithstanding the provisions of any other law to the contrary, the obligations of the State or an independent State authority, board, commission, corporation, agency, or organization to pay the premium or periodic charges for health benefits coverage provided under P.L.1961, c.49 (C.52:14-17.25 et seq.) may be determined by means of a binding collective negotiations agreement, including any agreements in force at the time of the adoption of P.L.1996, c.8. With respect to State employees for whom there is no majority representative for collective negotiations purposes, the commission may, in its sole discretion, modify the respective payment obligations set forth in P.L.1961, c.49 for the State and such employees in a manner consistent with the terms of any collective negotiations agreement binding on the State. With respect to employees of an independent State authority, board, commission, corporation, agency, or organization for whom there is no majority representative for collective negotiations purposes, the employer may, in its sole discretion, modify the respective payment obligations set forth in P.L.1961, c.49 for such employer and such employees in a manner consistent with the terms of any collective negotiations agreement binding on such employer. The provisions of this subsection shall also apply to employees deemed or considered to be employees of the State pursuant to subsection (c) of section 2 of P.L.1961, c.49 (C.52:14-17.26).
 - b. (1) Notwithstanding the provisions of any other law to the contrary, for each State employee who accrues 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems before July 1, 1997, excepting the employee who elects deferred retirement, the State, upon the employee's retirement, shall pay the full cost of the premium or periodic charges for the health benefits provided to a retired State employee and dependents covered under the State Health Benefits Program, but not including survivors, and shall also reimburse the retired employee for premium charges under Part B of Medicare covering the retired employee and the employee's spouse.
 - (2) Notwithstanding the provisions of any other law to the contrary, and except as otherwise provided by section 8 of P.L.1961, c.49 (C.52:14-17.32) as amended by P.L.2005, c.341, and by subsection c. of this section, for each State employee who accrues 25 years of nonconcurrent service credit in one or more State or locally-administered retirement systems on or after July 1, 1997, excepting the employee who elects deferred retirement, the State, upon the employee's retirement, shall pay the premium or periodic charges for the health benefits provided to a retired State employee and dependents covered under the State Health Benefits Program, but not including survivors, and shall reimburse the retired employee for premium charges under Part B of Medicare

1 covering the retired employee and the employee's spouse: (a) in 2 accordance with the provisions, if any, concerning health benefits 3 coverage in retirement which are in the collective negotiations 4 agreement applicable to the employee at the time of the employee's 5 accrual of 25 years of nonconcurrent service credit in one or more 6 State or locally-administered retirement systems, or (b) if the 7 employee has no majority representative for collective negotiations 8 purposes, in a manner consistent with the terms, if any, concerning 9 health benefits coverage in retirement which are in any collective 10 negotiations agreement deemed applicable by the State Health 11 Benefits Commission to that employee at the time of the employee's 12 accrual of 25 years of nonconcurrent service credit in one or more 13 State or locally-administered retirement systems. The terms for the 14 payment of premiums or periodic charges established pursuant to 15 this paragraph for the traditional plan shall apply to the successor 16 plan, and the terms for the payment of premiums or periodic 17 charges established pursuant to this paragraph for the NJ PLUS plan 18 shall apply to the State managed care plan required to be included 19 in a contract entered into pursuant to subsection c. of section 4 of 20 P.L.1961, c.49 (C.52:14-17.28).

c. (1) Effective July 1, 2007, but, with respect to employees to whom this subsection applies who are paid through the State centralized payroll, effective with the first pay period beginning after July 1, 2007, the cost of benefits provided pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.) shall be shared by employees through the withholding of a contribution in an amount as determined in accordance with paragraph (2) of this subsection.

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- 28 (2) The amount of the contribution required pursuant to paragraph (1) of this subsection as to State employees and 29 30 employees of an independent State authority, board, commission, 31 corporation, agency, or organization for whom there is a majority 32 representative for collective negotiations purposes shall be determined by means of a binding collective negotiations 33 34 agreement. The amount of the contribution required pursuant to 35 paragraph (1) of this subsection as to State employees or employees 36 of an independent State authority, board, commission, corporation, 37 agency, or organization for whom there is no majority 38 representative for collective negotiations purposes shall be 1.5 39 percent of base salary.
 - (3) The cost of benefits provided pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.) shall be shared by retirees through the withholding of a contribution in an amount as determined in accordance with paragraph (4) of this subsection.
- 44 (4) The amount of the contribution required pursuant to
 45 paragraph (3) of this subsection as to State employees and
 46 employees of an independent State authority, board, commission,
 47 corporation, agency, or organization for whom there is a majority
 48 representative for collective negotiations purposes who accrue 25

1 years of nonconcurrent service credit in one or more State or 2 locally-administered retirement systems on or after July 1, 2007, and who retire on or after July, 1, 2007, excepting employees who 3 4 elect deferred retirement, but including those who retire on a 5 disability pension after July 1, 2007, shall be determined by means 6 of a binding collective negotiations agreement applicable at the 7 time of the employee's accrual of 25 years of nonconcurrent service 8 credit in one or more State or locally-administered retirement 9 systems. The amount of the contribution required pursuant to 10 paragraph (3) of this subsection as to State employees or employees 11 of an independent State authority, board, commission, corporation, 12 agency, or organization for whom there is no majority 13 representative for collective negotiations purposes who accrue 25 14 years of nonconcurrent service credit in one or more State or 15 locally-administered retirement systems on or after July 1, 2007, and who retire on or after July 1, 2007, excepting employees who 16 17 elect deferred retirement, but including those who retire on a 18 disability pension after July 1, 2007, shall be determined in a 19 manner consistent with the terms, if any, concerning health benefits 20 coverage in retirement which are in any collective negotiations 21 agreement deemed applicable by the commission to that employee 22 at the time of the employee's accrual of 25 years of nonconcurrent 23 service credit in one or more State or locally-administered 24 retirement systems, except that for employees who accrue 25 years 25 of nonconcurrent service credit in one or more State or locally-26 administered retirement systems in the period beginning July 1, 27 2007, and ending June 30, 2011, the contribution shall be 1.5 28 percent of the gross maximum monthly retirement allowance, 29 including any future cost-of-living adjustments, or, with respect to 30 retirees who are members of the alternate benefit program, an 31 amount determined pursuant to a formula developed by the 32 commission that shall be designed to result in a contribution that is 33 comparable to the contribution that applies to retirees who are not 34 members of the alternate benefit program. 35

(5) Any employee or retiree from whom withholding of a contribution is required pursuant to this subsection shall not be required to pay any percentage of the premiums or periodic charges for health care benefits provided under P.L.1961, c.49 (C.52:14-17.25 et seq.), other than dental benefits.

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(6) The contribution required pursuant to this subsection may be terminated only upon withdrawal from all health care benefits coverage as an employee or retiree, other than coverage for dental benefits, and the submission to the commission of written certification by the employee that the employee is covered by other health care benefits and that those benefits are in force. The commission shall not apply the written certification requirement to

- 1 retirees or to employees to whom Article VI, Section VI, paragraph
- 2 <u>6 of the New Jersey Constitution applies.</u>

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- 3 (cf: P.L.2005, c.341, s.2)
- 5 23. Section 5 of P.L.1961, c.49 (C.52:14-17.29) is amended to 6 read as follows:
- 5. (A) The contract or contracts purchased by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall provide separate coverages or policies as follows:
 - (1) Basic benefits which shall include:
 - (a) Hospital benefits, including outpatient;
- 12 (b) Surgical benefits;
 - (c) Inpatient medical benefits;
- 14 (d) Obstetrical benefits; and
 - (e) Services rendered by an extended care facility or by a home health agency and for specified medical care visits by a physician during an eligible period of such services, without regard to whether the patient has been hospitalized, to the extent and subject to the conditions and limitations agreed to by the commission and the carrier or carriers.

Basic benefits shall be substantially equivalent to those available on a group remittance basis to employees of the State and their dependents under the subscription contracts of the New Jersey "Blue Cross" and "Blue Shield" Plans. Such basic benefits shall include benefits for:

- (i) Additional days of inpatient medical service;
- 27 (ii) Surgery elsewhere than in a hospital;
- 28 (iii) X-ray, radioactive isotope therapy and pathology services;
- 29 (iv) Physical therapy services;
- 30 (v) Radium or radon therapy services;
 - and the extended basic benefits shall be subject to the same conditions and limitations, applicable to such benefits, as are set forth in "Extended Outpatient Hospital Benefits Rider," Form 1500, 71(9-66), and in "Extended Benefit Rider" (as amended), Form MS 7050J(9-66) issued by the New Jersey "Blue Cross" and "Blue Shield" Plans, respectively, and as the same may be amended or superseded, subject to filing by the Commissioner of Banking and
- 38 Insurance; and
- 39 (2) Major medical expense benefits which shall provide benefit 40 payments for reasonable and necessary eligible medical expenses 41 for hospitalization, surgery, medical treatment and other related 42 services and supplies to the extent they are not covered by basic 43 benefits. The commission may, by regulation, determine what types 44 of services and supplies shall be included as "eligible medical 45 services" under the major medical expense benefits coverage as 46 well as those which shall be excluded from or limited under such 47 coverage. Benefit payments for major medical expense benefits 48 shall be equal to a percentage of the reasonable charges for eligible

1 medical services incurred by a covered employee or an employee's 2 covered dependent, during a calendar year as exceed a deductible 3 for such calendar year of \$100.00 subject to the maximums 4 hereinafter provided and to the other terms and conditions 5 authorized by this act. The percentage shall be 80% of the first 6 \$2,000.00 of charges for eligible medical services incurred 7 subsequent to satisfaction of the deductible and 100% thereafter. 8 There shall be a separate deductible for each calendar year for (a) 9 each enrolled employee and (b) all enrolled dependents of such 10 employee. Not more than \$1,000,000.00 shall be paid for major 11 medical expense benefits with respect to any one person for the 12 entire period of such person's coverage under the plan, whether 13 continuous or interrupted except that this maximum may be 14 reapplied to a covered person in amounts not to exceed \$2,000.00 a 15 year. Maximums of \$10,000.00 per calendar year and \$20,000.00 16 for the entire period of the person's coverage under the plan shall 17 apply to eligible expenses incurred because of mental illness or 18 functional nervous disorders, and such may be reapplied to a 19 covered person, except as provided in P.L.1999, c.441 (C.52:14-20 17.29d et al.). The same provisions shall apply for retired 21 employees and their dependents. Under the conditions agreed upon 22 by the commission and the carriers as set forth in the contract, the 23 deductible for a calendar year may be satisfied in whole or in part 24 by eligible charges incurred during the last three months of the prior 25 calendar year. 26

Any service determined by regulation of the commission to be an "eligible medical service" under the major medical expense benefits coverage which is performed by a duly licensed practicing psychologist within the lawful scope of his practice shall be recognized for reimbursement under the same conditions as would apply were such service performed by a physician.

(B) The contract or contracts purchased by the commission pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall include coverage for the services and benefits set forth in this subsection, provided that such services and benefits shall include only those that are eligible medical services and not those deemed experimental, investigative or otherwise not eligible medical services. The determination of whether services or benefits are eligible medical services shall be made by the commission consistent with the best interests of the State and participating employers, employees, and dependents. The following list of services is not intended to be exclusive or to require that any limits or exclusions be exceeded.

Covered services shall include:

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- (1) Physician services, including:
 - (a) Inpatient services, including:
- 47 (i) medical care including consultations;
- 48 (ii) surgical services and services related thereto; and

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1	(iii) obstetrical services including normal delivery,
2	cesarean section, and abortion.
3	(b) Outpatient/out-of-hospital services, including:
4	(i) office visits for covered services and care;
5	(ii) allergy testing and related diagnostic/therapy
6	services;
7	(iii) dialysis center care;
8	(iv) maternity care;
9	(v) well child care;
10	(vi) child immunizations/lead screening;
11	(vii) routine adult physicals including pap,
12	mammography, and prostate examinations; and
13	(viii) annual routine obstetrical/gynecological exam.
14	(2) Hospital services, both inpatient and outpatient, including:
15	(a) room and board;
16	(b) intensive care and other required levels of care;
17	(c) semi-private room;
18	(d) therapy and diagnostic services;
19	(e) surgical services or facilities and treatment related
20	thereto;
21	(f) nursing care;
22	(g) necessary supplies, medicines, and equipment for care;
23	<u>and</u>
24	(h) maternity care and related services.
25	(3) Other facility and services, including:
26	(a) approved treatment centers for medical
27	emergency/accidental injury;
28	(b) approved surgical center;
29	(c) hospice;
30	(d) chemotherapy;
31	(e) diagnostic x-ray and lab tests;
32	(f) ambulance;
33	(g) durable medical equipment:
34	(h) prosthetic devices;
35	(i) foot orthotics;
36	(j) diabetic supplies and education; and
37	(k) oxygen and oxygen administration.
38	(4) All services for which coverage is required pursuant to
39	P.L.1961, c.49 (C.52:14-17.25 et seq.), as amended and
10	supplemented. Benefits under the contract or contracts purchased
41	as authorized by the State Health Benefits Program shall include
12	those for mental health services subject to limits and exclusions
13	consistent with the provisions of the New Jersey State Health
14 15	Benefits Program Act.
15 16	(C) The contract or contracts purchased by the commission
16 17	pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-
17 10	17.28) shall include the following provisions regarding
18	reimbursements and payments:

- 1 (1) In the successor plan, the co-payment for doctor's office 2 visits shall be \$10 per visit with a maximum out-of-pocket of \$400 3 per individual and \$1,000 per family for in-network services for 4 each calendar year. The out-of-network deductible shall be \$100 5 per individual and \$250 per family for each calendar year, and the 6 participant shall receive reimbursement for out-of-network charges 7 at the rate of 80% of reasonable and customary charges, provided 8 that the out-of-pocket maximum shall not exceed \$2,000 per 9 individual and \$5,000 per family for each calendar year.
- 10 (2) In the State managed care plan that is required to be included 11 in a contract entered into pursuant to subsection c. of section 4 of 12 P.L.1961, c.49 (C.52:14-17.28), the co-payment for doctor's office 13 visits shall be \$15 per visit. The participant shall receive 14 reimbursement for out-of-network charges at the rate of 70% of 15 reasonable and customary charges. The in-network and out-of-16 network limits, exclusions, maximums, and deductibles shall be 17 substantially equivalent to those in the NJ PLUS plan in effect on 18 June 30, 2007, with adjustments to that plan pursuant to a binding 19 collective negotiations agreement or pursuant to action by the 20 commission, in its sole discretion, to apply such adjustments to 21 State employees for whom there is no majority representative for 22 collective negotiations purposes.
 - (3) "Reasonable and customary charges" means charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.

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- **[**(B)**]** (D) Benefits under the contract or contracts purchased as authorized by this act may be subject to such limitations, exclusions, or waiting periods as the commission finds to be necessary or desirable to avoid inequity, unnecessary utilization, duplication of services or benefits otherwise available, including coverage afforded under the laws of the United States, such as the federal Medicare program, or for other reasons.
- Benefits under the contract or contracts purchased as authorized by this act shall include those for the treatment of alcoholism where such treatment is prescribed by a physician and shall also include treatment while confined in or as an outpatient of a licensed hospital or residential treatment program which meets minimum standards of care equivalent to those prescribed by the Joint Commission on Hospital Accreditation. No benefits shall be provided beyond those stipulated in the contracts held by the State Health Benefits Commission.
- [(C)] (E) The rates charged for any contract purchased under the authority of this act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined by the carrier on accepted group rating

principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.

[(D)**]** (F) The initial term of any contract purchased by the commission under the authority of this act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic renewal in the absence of notice of termination by the commission. Subsequent terms for which any contract may be renewed as herein provided shall each be limited to a period not to exceed one year.

The <u>I</u> (G) A contract <u>purchased</u> by the commission pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall contain a provision that if basic benefits or major medical expense benefits of an employee or of an eligible dependent under the contract, after having been in effect for at least one month in the case of basic benefits or at least three months in the case of major medical expense benefits, is terminated, other than by voluntary cancellation of enrollment, there shall be a 31day period following the effective date of termination during which such employee or dependent may exercise the option to convert, without evidence of good health, to converted coverage issued by the carriers on a direct payment basis. Such converted coverage shall include benefits of the type classified as "basic benefits" or "major medical expense benefits" in subsection (A) hereof and shall be equivalent to the benefits which had been provided when the person was covered as an employee. The provision shall further stipulate that the employee or dependent exercising the option to convert shall pay the full periodic charges for the converted coverage which shall be subject to such terms and conditions as are normally prescribed by the carrier for this type of coverage.

[(F)**]** (H) The commission may purchase a contract or contracts to provide drug prescription and other health care benefits or authorize the purchase of a contract or contracts to provide drug prescription and other health care benefits as may be required to implement a duly executed collective negotiations agreement or as may be required to implement a determination by a public employer to provide such benefit or benefits to employees not included in collective negotiations units.

(I) The commission shall take action as necessary, in cooperation with the School Employees' Health Benefits Commission established pursuant to section 33 of P.L., c. (C.) (pending before the Legislature as this bill), to effectuate the purposes of the School Employees' Health Benefits Program Act as provided in sections 31 through 41 of P.L., c. (C.) (pending before the Legislature as this bill) and to enable the School Employees' Health Benefits Commission to begin providing

coverage to participants pursuant to the School Employees' Health
 Benefits Program Act as of July 1, 2008.

3 (cf: P.L.1999, c.441, s.3)

- 24. Section 1 of P.L.2001, c.284 (C.52:14-17.29g) is amended to read as follows:
- 1. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of [this act] P.L.2001, c.284 (C.52:14-17.29g) provides that if an enrollee's or member's primary care physician's contract as a participating physician in a health maintenance organization or [NJ PLUS] State managed care plan will be terminated, the health maintenance organization or [NJ PLUS] State managed care plan, as appropriate, shall provide the enrollee or member with 90-days notice of the termination. If 90-days notice cannot be provided because the termination will occur prior to the end of the 90-day period, the health maintenance organization or [NJ PLUS] State managed care plan shall notify the enrollee or member as soon as the health maintenance organization or [NJ PLUS] State managed care plan has knowledge of the termination.
 - b. Notwithstanding the provisions of any policy governing open enrollment to the contrary, an enrollee or member who has been notified by a health maintenance organization or [NJ PLUS] State managed care plan pursuant to this section may change his coverage to another health benefits plan under the State Health Benefits Program upon receiving notice that his primary care physician will no longer be a participating physician with the health maintenance organization or [NJ PLUS] State managed care plan, in which the person is currently enrolled.

30 (cf: P.L.2001, c.284, s.1)

- 32 25. Section 7 of P.L.1961, c.49 (C.52:14-17.31) is amended to read as follows:
 - 7. The coverage provided solely for employees shall, subject to the provisions below, automatically become effective for all eligible employees from the first day on or after the effective date of the program on which they satisfy the definition of "employee" contained in this act. The commission shall establish the rules and regulations governing the enrollment and effective dates of coverage of dependents of employees it deems necessary or desirable. The rules and regulations shall not defer coverage with respect to any qualified dependent an employee has on the date the employee's employer becomes a participating employer, provided the employee was, immediately prior to the date, insured with respect to the dependent under a group [major medical] insurance plan of the employer which was in effect immediately prior to the date. Under the rules and regulations established by the

commission, each employee shall be given the opportunity to enroll for coverage for dependents as of the earliest date the employee becomes eligible for enrollment. [An] With respect to the traditional plan, an employee may elect to enroll dependents for both basic coverage and major medical expense coverage but may not enroll for either coverage alone.

[If, on the date coverage for an employee would become effective, the employee is not actively at work full- time at the customary place of employment or other location to which the employment requires the employee to travel, the employee shall not be covered until the employee is so actively at work, except the employee shall be covered, if on the date the employee's employer becomes a participating employer, the employee was, immediately prior to that date, insured under a group major medical insurance plan of the employer which was in effect immediately prior to that date.]

In the event that the group [major medical] health plan which covered an employee or dependents immediately prior to the date the employee's employer becomes a participating employer provides, after termination of coverage thereunder, any continuation of benefits [for medical expenses for hospitalization, surgery, medical treatment or any related service or supply], or would so provide in the absence of coverage pursuant to this act, no coverage shall be afforded pursuant to this act for any such expenses (i) which are covered, or which would be covered in the absence of coverage pursuant to this act, in whole or in part, by the prior insurance plan or (ii) which may be used in satisfaction of any deductible requirement under the prior insurance plan to establish entitlement to the continuation of benefits.

Each employee shall furnish the Division of Pensions and Benefits, in the prescribed form, the information necessary on account of the employee's own coverage and necessary to enroll dependents. Any employee not desiring coverage at the time the employee first becomes eligible, shall give the division written notice of that fact in the form prescribed by the division. The employee may not enroll thereafter except at the times and under the conditions prescribed by the commission.

If an employee of an employer other than the State eligible for coverage has a spouse who is also an employee of an employer other than the State eligible for coverage, the spouse may elect single coverage as an employee and to enroll as a dependent, in which event no coverage shall be provided for such spouse as an employee while covered as a dependent. The employee of an employer other than the State, who has enrolled such spouse, and who is required to pay the full cost of dependent coverage, may receive a refund from the State Division of Pensions and Benefits equivalent in amount to the employer's cost for an employee's

coverage. When both husband and wife are covered as employees, only one may enroll for their children as dependents.

A similar refund shall be authorized pursuant to such rules and regulations as the commission deems necessary or desirable in the case of an employee of an employer other than the State who is paying the full cost of dependent coverage for a spouse who is an employee of the State and eligible for coverage.

If a husband and wife are both eligible for coverage under the program as employees:

- a. each may elect coverage for himself or herself as an employee and for their qualified dependents, including the spouse, [under the traditional plan or the State managed care plan] in any plan offered other than a health maintenance organization, but only one may elect coverage for himself or herself and for their qualified dependents, including the spouse, in a participating health maintenance organization; and
- b. each may elect single coverage in any participating health maintenance organization, provided that he or she is not covered under the participating health maintenance organization as a dependent of his or her spouse.

Any person employed as a substitute teacher by a school district and who provides evidence of coverage under another health benefits program may waive coverage for the current school year on or after the date on which the person becomes an employee eligible for coverage.

26 (cf: P.L.1996, c.8, s.5)

- 28 26. Section 1 of P.L.2003, c.142 (C.52:14-17.32n) is amended to read as follows:
 - 1. a. A qualified member of the organized militia, as defined in N.J.S.38A:1-1, and the member's dependents, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), shall be eligible to participate in the State Health Benefits Program and be covered under the "State managed care plan", as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), in accordance with the law and rules governing the program and plan, except as otherwise provided by this act. P.L.2003, c.142 (C.52:14-17.32n). [Notwithstanding any other law to the contrary, a qualified member of the organized militia and the member's dependants shall be enrolled in NJ Plus.]

A qualified member is a member who is called to State active duty by an order of the Governor issued pursuant to law, when the written order directly applicable to that member states that active duty shall be for a period of 30 days within a 35 consecutive day period, provided the member (1) is not a compensated, full-time appointed or elected public officer or employee of the State or any political subdivision thereof when called to active duty; (2) had employer-provided health care benefits coverage that was cancelled due to the member's military service or does not have employer-

- provided health care benefits coverage; and (3) is not covered for health care benefits under a program, plan or policy as a dependent of the member's spouse when called to active duty. For the limited purpose of this act, a qualified member shall be deemed a State employee, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26).
 - The member may waive coverage provided pursuant to this section by notifying the Division of Pensions and Benefits in writing.

- b. The Department of Military and Veterans' Affairs shall notify the Division of Pensions and Benefits of the members who are eligible for health care benefits coverage pursuant to this section, and shall notify the members themselves of the coverage provided, by whatever means deemed efficient and expeditious.
- c. The State Health Benefits Program shall not provide coverage for health care services and supplies provided to a member or the member's dependents prior to first day of active duty. The department, or the member when so requested, shall provide to the division all information necessary on account of the member's coverage and to enroll the member's dependents pursuant to applicable law and regulations governing the program and plan. If information is not provided to the division in a timely manner, coverage shall commence only upon receipt by the division of all information deemed necessary by the division to provide the coverage. The division shall make such accommodation and provision for the addition of the member and the member's dependents to the program and plan as may be necessary under the circumstances.
- d. The coverage provided pursuant to this section shall be extended for health care services and supplies commencing on the first day of active duty service until the last day of active duty service, provided the information requirements in subsection c. of this section are met in a timely manner.
- e. The State shall be liable for the premium or periodic charges for the coverage for the qualified member and member's dependents, including the program's expenses for the administration of this section, in such amount as determined and fixed by the State Health Benefits Commission. The commission shall annually certify to the State the cost for providing health care benefits coverage to qualified members and their dependents under this section. The State shall annually remit to the commission the amount certified at a time specified by the State Treasurer.
- f. If a member or the member's dependents, or both, have health care benefits coverage, other than through the member's spouse, immediately preceding the call to active duty and that coverage continues, or is eligible to continue, during active duty status, the coverage provided pursuant to this section shall only be secondary to that primary coverage and shall not cover expenses

which are covered, or which would be covered in the absence of coverage pursuant to this section, in whole or in part, by that prior existing coverage. If that coverage is terminated through the action or inaction of the member, the member's spouse or the member's employer, other than pursuant to terms and conditions in effect immediately preceding the call to active duty, the coverage under this section shall also terminate.

This section shall not be deemed to replace, supersede or modify health care benefits coverage received by the member, the member's spouse or dependents immediately preceding the call to active duty.

- g. Health care benefits coverage shall be provided pursuant to this section only if the provision of such coverage by the State Health Benefits Program does not violate applicable federal statutes in a manner that would change the nature, governance or status of the program.
- h. The Treasurer, in consultation with the Adjutant General, shall adopt regulations to effectuate the purposes of this act pursuant to the "Administrative Procedure Act", P.L.1968, c.410 (C.52:14B-1 et seq.), except that the Treasurer may immediately adopt regulations the Division of Pensions and Benefits deems necessary to implement the provisions of this act, upon the filing of such regulations with the Office of Administrative Law.

23 (cf: P.L.2003, c.142, s.1)

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- 27. Section 1 of P.L.2003, c.172 (C.52:14-17.33a) is amended to read as follows:
- 1. a. Notwithstanding any provision of P.L.1961, c. 49 (C.52:14-17.25 et seq.) to the contrary, a part-time State employee, or a parttime faculty member, including part-time lecturers and adjunct faculty members, at a State public institution of higher education in this State if the public institution of higher education participates in the program, who is enrolled in a State-administered retirement system shall be eligible to participate in the State Health Benefits Program and may purchase health benefits coverage under the program in the State managed care plan as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26) for the employee or faculty member and the dependents of the employee or faculty member. If such an employee or faculty member elects to enroll in the program, the employee or faculty member shall pay the full cost of the coverage selected and the employer shall not be responsible for any costs in connection with the purchase of the coverage, unless the employer shall be obligated to pay all or a portion of such costs in accordance with the provisions of a binding collective negotiations agreement.
 - b. The State Health Benefits Commission may establish rules and regulations concerning the enrollment and termination of coverage of employees and faculty members in the State Health Benefits Program, pursuant to this section, and the procedures for the remittance to the program of the cost of coverage.

The employee or faculty member shall also be required to pay a proportionate share of administrative expenses of the program in such amounts and at such times as shall be determined and fixed by the commission. Amounts payable by a participating employee or faculty member for administrative expenses shall be collected in the same manner as premiums or periodic charges are paid and remitted to the State treasury and shall be used for such purposes.

- c. The laws and regulations governing the State Health Benefits Program, except as modified in this section, are applicable to enrollments in the program under this section and shall be construed to apply to part-time employees or faculty members and their dependents in the same manner as to full-time employees or faculty members and their dependents to the extent possible.
- d. Participation in the State Health Benefits Program pursuant to this section shall not qualify the employee or faculty member for employer or State-paid health care benefits in retirement in the program. Upon retirement, such employees or faculty members shall be permitted to enroll in the State managed care plan they were enrolled in prior to retirement through the retired group at their own expense.
- e. The State Health Benefits Commission shall advise eligible employees, and the <u>State</u> public institutions of higher education shall advise eligible faculty members, that they may enroll in the State Health Benefits Program pursuant to this section and shall further advise eligible employees and faculty members, as may be appropriate, of any benefits to which they are entitled upon the termination of their employment. The State Health Benefits Commission shall determine the manner and form of the advisory notice to the employees and faculty members.

30 (cf: P.L.2003, c.172, s.1)

- 32 28. Section 3 of P.L.1964, c.125 (C.52:14-17.34) is amended to read as follows:
- 3. In order that the New Jersey State Health Benefits Program Act may be extended to include other public [and school] employees, participation by counties, municipalities, [school districts, public agencies or organizations as defined in section 71 of P.L.1954, c.84 (C.43:15A-71), including the New Jersey Turnpike Authority, [the New Jersey Highway Authority,] the Interstate Environmental Commission, the Delaware River Basin Commission, New Jersey Housing and Mortgage Finance Agency, New Jersey Educational Facilities Authority, [Hackensack] New Jersey Meadowlands [Development] Commission and
- Compensation Rating and Inspection Bureau, hereinafter defined as employers, is hereby authorized <u>provided</u>, however, that no such
- 46 employer shall enroll for coverage under the State Health Benefits
- 47 Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.)

1 employees as defined in section 32 of P.L., c. (C.) (pending before the Legislature as this bill).

3 (cf: P.L.2000, c.6, s.18)

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- 5 29. Section 4 of P.L.1964, c.125 (C.52:14-17.35) is amended to 6 read as follows:
- 7 4. As used in this act and in the act to which this act is a supplement:
- 9 (a) The term "employer" means a county, municipality, [school district,] public agency or organization as defined in section 71 of
- P.L.1954, c.84 (C.43:15A-71), including the New Jersey Turnpike Authority, [the New Jersey Highway Authority,] the Interstate
- 13 Environmental Commission, the Delaware River Basin
- 14 Commission, New Jersey Housing and Mortgage Finance Agency,
- New Jersey Educational Facilities Authority, [Hackensack] New
- 16 Jersey Meadowlands [Development] Commission and the
- Compensation Rating and Inspection Bureau. The term "employer"
- 18 shall include a subsidiary corporation or other corporation
- 19 established by the Delaware River Port Authority pursuant to
- subdivision (m) of Article I of the compact creating the authority
- 21 (R.S.32:3-2), as defined in section 3 of P.L.1997, c.150 (C.34:1B-
- 22 146), except that only persons who are employees of the South
- 23 Jersey Port Corporation on the effective date of P.L.1997, c.150
- 24 (C.34:1B-144 et al.) and are re-employed by the subsidiary or other
- 25 corporation within 365 days of the effective date are eligible to
- 26 participate in the program.
- 27 (b) The term "State Treasury" means the State agency 28 responsible for the administration of the New Jersey State Health 29 Benefits Program Act which is to be located in the Division of 30 Pensions and Benefits in the Department of the Treasury.
- 31 (cf: P.L.2000, c.6, s.19)

- 33 30. Section 5 of P.L.1993, c.8 (C.52:14-17.38b) is amended to read as follows:
- 35 5. Notwithstanding the provisions of any other law, rule, or 36 regulation to the contrary, any local board of education may elect to 37 participate in the State Health Benefits Program upon the 38 termination of any contract in effect on the effective date of this 39 amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b et al.), between the board of education and an insurance company 40 41 writing insurance pursuant to Title 17B of the New Jersey Statutes, 42 hospital service corporation, medical service corporation, health 43 service corporation, or health maintenance organization to provide 44 hospital and medical expense benefits. Such election shall be in 45 accordance with the laws and regulations otherwise applicable to 46 participation by employers other than the State in the program. If 47 the board does not elect to participate in the State Health Benefits

- 1 Program at that time, its eligibility to elect such participation
- 2 thereafter shall be subject to the time period specified by the State
- 3 Health Benefits Commission for participating again in the State
- 4 Health Benefits Program after a participant's withdrawal from the
- 5 program. No such election shall be permitted after June 30, 2008.
- 6 (cf: P.L.1993, c.8, s.5)

8 31. (New section) Sections 31 through 41 of P.L., c. 9 (C.) (pending before the Legislature as this bill) shall be known and may be cited as the "School Employees' Health Benefits Program Act."

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- 32. (New section) As used in the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L. , c. (pending before the Legislature as this bill):
- a. The term "State" means the State of New Jersey.
- b. The term "commission" means the School Employees' Health Benefits Commission, created by section 33 of P.L. , c. (C.) (pending before the Legislature as this bill).
 - c. The term "employer" means local school district, regional school district, county vocational school district, county special services school district, jointure commission, educational services commission, State-operated school district, charter school, county college, any officer, board, or commission under the authority of the Commissioner of Education or of the State Board of Education, and any other public entity which is established pursuant to authority provided by Title 18A of the New Jersey Statutes, but excluding the State public institutions of higher education and excluding those public entities where the employer is the State of New Jersey.
 - d. The term "employee" means a person employed in any full time capacity by an employer, and shall include persons defined as a school employee by the regulations of the State Health Benefits Commission in effect on the effective date of the School Employees' Health Benefits Program Act. "Full-time" shall have the same meaning as in the regulation of the State Health Benefits Commission regarding local coverage in effect on the effective date of the School Employees' Health Benefits Program Act. The term "employee" shall not include persons employed on a short-term, seasonal, intermittent, or emergency basis, persons compensated on a fee basis, persons having less than two months of continuous service or persons whose compensation is limited to reimbursement of necessary expenses actually incurred in the discharge of their official duties. An employee paid on a 10-month basis, pursuant to an annual contract, shall be deemed to have satisfied the two-month waiting period if the employee begins employment at the beginning of the contract year. The term "employee" shall also not include retired persons who are otherwise eligible for benefits under the

- 1 School Employees' Health Benefits Program but who, although
- 2 they meet the age or disability eligibility requirement of Medicare,
- 3 are not covered by Medicare Hospital Insurance, also known as
- 4 Medicare Part A, and Medicare Medical Insurance, also known as
- 5 Medicare Part B. A determination by the commission that a person
- 6 is an eligible employee for the purposes of the School Employees'
- 7 Health Benefits Program shall be final and binding on all parties.
- 8 The term "dependents" means an employee's spouse,
- 9 domestic partner, or partner in a civil union couple, and unmarried 10 children under the age of 23 years who live in a regular parent/child
- 11 relationship. "Children" shall include stepchildren, legally adopted
- 12 children and children placed by the Division of Youth and Family
- 13 Services in the Department of Children and Families, provided they
- are reported for coverage and are wholly dependent upon the 14
- 15 employee for support and maintenance. A spouse, domestic
- 16 partner, partner in a civil union couple, or child enlisting or
- 17 inducted into military service shall not be considered a dependent
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- during the military service. The term "dependents" shall not
- 19 include spouses, domestic partners, or partners in a civil union 20 couple, of retired persons who are otherwise eligible for the benefits
- under the School Employees' Health Benefits Program but who, 21
- 22 although they meet the age or disability eligibility requirement of
- 23 Medicare, are not covered by Medicare Hospital Insurance, also
- 24 known as Medicare Part A, and Medicare Medical Insurance, also
- 25 known as Medicare Part B.
- 26 The term "carrier" means a voluntary association,
- 27 corporation or other organization, including but not limited to a
- health maintenance organization as defined in section 2 of the 28
- 29 "Health Maintenance Organizations Act," P.L.1973, c.337 (C.26:2J-
- 30 2), which is lawfully engaged in providing or paying for or
- 31 reimbursing the cost of, personal health services, including 32 hospitalization, medical and surgical services under insurance
- 33 policies or contracts, membership or subscription contracts, or the
- 34 like, in consideration of premiums or other periodic charges payable
- 35 to the carrier.

- g. The term "hospital" means:
- 37 (1) an institution operated pursuant to law which is primarily
- 38 engaged in providing on its own premises, for compensation from
- 39 its patients, medical diagnostic and major surgical facilities for the
- 40 care and treatment of sick and injured persons on an inpatient basis,
- 41 and which provides such facilities under the supervision of a staff
- 42 of physicians and with 24 hour a day nursing service by registered
- 43 graduate nurses, or
- 44 an institution not meeting all of the requirements of
- 45 paragraph (1) but which is accredited as a hospital by the Joint
- 46 Commission on Accreditation of Hospitals. In no event shall the
- 47 term "hospital" include a convalescent nursing home or any
- institution or part thereof which is used principally as a 48

1 convalescent facility, residential center for the treatment and 2 education of children with mental disorders, rest facility, nursing 3 facility or facility for the aged or for the care of drug addicts or 4 alcoholics.

- h. The term "Medicare" means the program established by the "Health Insurance for the Aged Act," Title XVIII of the "Social Security Act," Pub.L.89-97 (42 U.S.C. s.1395 et seq.), as amended, or its successor plan or plans.
- i. The term "managed care plan" means a health care plan under which comprehensive health care services and supplies are provided to eligible employees, retirees, and dependents: (1) through a group of doctors and other providers employed by the plan; or (2) through an individual practice association, preferred provider organization, or point of service plan under which services and supplies are furnished to plan participants through a network of doctors and other providers under contracts or agreements with the plan on a prepayment or reimbursement basis and which may provide for payment or reimbursement for services and supplies obtained outside the network. The plan may be provided on an insured basis through contracts with carriers or on a self-insured basis, and may be operated and administered by the State or by carriers under contracts with the State.
 - j. The term "successor plan" means a managed care plan that shall replace the "traditional plan," as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), and that shall provide benefits as set forth in section 36 of P.L. , c. (C.)(pending before the Legislature as this bill), and provide out-of-network benefits to participants with a payment by the plan of 80% of reasonable and customary charges as set forth in section 37 of P.L. , c. (C.) (pending before the Legislature as this bill) and as may be adjusted in accordance with section 40 of P.L. , c. (C.)(pending before the Legislature as this bill).

- 33. (New section) a. There is hereby created a School Employees' Health Benefits Commission, consisting of nine members:
- (1) the State Treasurer and the Commissioner of the Department of Banking and Insurance serving ex officio;
- (2) a member appointed by the Governor who is a New Jersey resident and is qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;
- (3) a member appointed by the Governor from among three persons nominated by the New Jersey School Boards' Association, which member shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers;

1 (4) three members appointed by the Governor from among five 2 persons nominated by the New Jersey Education Association, of 3 whom two shall be qualified by experience, education, or training in 4 the review, administration, or design of health insurance plans for self-insured employers;

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- (5) a member appointed by the Governor from among three persons nominated by the education section of the New Jersey State AFL-CIO, which member shall be qualified by experience, education, or training in the review, administration, or design of health insurance plans for self-insured employers; and
- (6) a member appointed pursuant to subsection b. of this section who shall be the chairperson.
- b. The Governor shall appoint the chairperson from among three persons nominated jointly by at least six of the eight members appointed pursuant to subsection a. of this section.
- c. If the Governor declines to make an appointment from among the persons nominated for membership, the Governor shall request that a new list of nominees be provided in compliance with subsection a. of this section. If the Governor declines to make an appointment from the new list, the process set forth in this subsection shall be repeated until the Governor makes an appointment from a list of nominees. Except with respect to the appointment of the chairperson, if a new list of nominees is not submitted within 45 days of the Governor's request, the Governor shall make the appointment without the need to select from any list of nominees.
- The initial terms of the members of the commission shall be as follows:
- (1) the member appointed pursuant to paragraph (3) of subsection a. of this section and the two members appointed pursuant to paragraph (4) of subsection a. of this section who are required to be qualified by experience, education, or training shall serve for a term of three years;
- (2) the member appointed pursuant to paragraph (2) of subsection a. of this section, the member appointed pursuant to paragraph (4) of subsection a. of this section who is not required to be qualified by experience, education, or training, and the member appointed pursuant to paragraph (5) of subsection a. of this section shall serve for a term of two years; and
 - (3) the chairperson shall serve for a term of six years.

All subsequent terms shall be for three years, except that the term of the chairperson shall be five years. A member of the commission may be reappointed to succeeding terms without limit in the same manner as the original appointment. occurring on the commission shall be filled in the same manner as the original appointment and only for the unexpired term.

1 34. (New section) The School Employees' Health Benefits 2 Program, authorized by sections 31 through 41 of P.L. 3) (pending before the Legislature as this bill), shall be 4 administered in the Department of the Treasury. Administrative 5 services required by the commission shall be provided through the 6 Division of Pensions and Benefits, and the Director of the Division 7 of Pensions and Benefits shall be the secretary of the commission. 8 The commission shall establish a health benefits program for the 9 school employees of the State, the cost of which shall be paid as 10 specified in this act. The commission shall, by a majority vote of its full authorized membership, establish and change rules and 11 12 regulations as may be deemed reasonable and necessary for the 13 administration of this act. Until such rules and regulations are 14 established, the rules and regulations of the State Health Benefits 15 Commission shall be deemed to apply to the School Employees' 16 Health Benefits Program.

The Attorney General shall be the legal advisor of the commission.

The members of the commission shall serve without compensation but shall be reimbursed for any necessary expenditure.

The commission shall ensure that audits and reviews are performed as required by section 40 of P.L. , c. (C.) (pending before the Legislature as this bill). Actions of the commission related to such audits and reviews shall require a majority vote of the full authorized membership of the commission to be approved.

Except as otherwise specified in this act, actions of the commission shall require the affirmative vote of a majority of the members present at a meeting at which a majority of the full authorized membership is present.

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35. (New section) a. The commission shall negotiate with and arrange for the purchase, on such terms as it deems in the best interests of the State, participating employers and those persons covered hereunder from carriers licensed to operate in the State or in other jurisdictions, as appropriate, contracts providing benefits required by the School Employees' Health Benefits Program Act, as specified in section 36 of P.L. , c. (C.)(pending before the Legislature as this bill), or such benefits as the commission may determine to provide, so long as such modification of benefits are in the best interests of the State, participating employers and those persons covered hereunder, and are consistent with the provisions of section 40 of that act. The commission shall have authority to execute all documents pertaining thereto for and on behalf of the State. The commission shall not enter into a contract under the School Employees' Health Benefits Program Act, unless the benefits provided thereunder are equal to or exceed the standards

specified in section 36 of that act, or as such standards are modified pursuant to section 40 of that act.

- b. The rates charged for any contract purchased under the authority of the School Employees' Health Benefits Program Act shall reasonably and equitably reflect the cost of the benefits provided based on principles which in the judgment of the commission are actuarially sound. The rates charged shall be determined based upon accepted group rating principles with due regard to the experience, both past and contemplated, under the contract. The commission shall have the right to particularize subgroups for experience purposes and rates. No increase in rates shall be retroactive.
- The commission shall be authorized to accept an assignment of contract rights from or enter into an agreement, contract, memorandum of understanding or other terms with the State Health Benefits Commission to ensure that coverage for eligible employees, retirees and dependents under the School Employees' Health Benefits Program whose benefits had been provided through the State Health Benefits Program is continued without interruption. The transition provided for in this subsection shall occur within one year of the effective date of the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L. , c. (pending before the Legislature as this bill).
 - d. Benefits under the contract or contracts purchased as authorized by the School Employees' Health Benefits Program Act may be subject to such limitations, exclusions, or waiting periods as the commission finds to be necessary or desirable to avoid inequity, unnecessary utilization, duplication of services or benefits otherwise available, including coverage afforded under the laws of the United States, such as the federal Medicare program, or for other reasons.
 - e. The initial term of any contract purchased by the commission under the authority of the School Employees' Health Benefits Program Act shall be for such period to which the commission and the carrier may agree, but permission may be made for automatic renewal in the absence of notice of termination by the commission. Subsequent terms for which any contract may be renewed as herein provided shall each be limited to a period not to exceed one year.

36. (New section) a. Notwithstanding the provisions of any other law to the contrary, the commission shall not enter into a contract under the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c (C.)(pending before the Legislature as this bill), for the benefits provided pursuant to the act, unless the level of benefits provided under the contract entered into is equal to or exceeds the level of benefits provided in this section, or as modified pursuant to section 40 of that act. Only

1 benefits for medically necessary services that are not deemed 2 experimental, investigative or otherwise not eligible medical 3 services shall be provided. The determination that services are not "eligible medical services" shall be made by the commission 4 consistent with the best interests of the State, participating 5 employers and those persons covered hereunder. 6 Benefits for 7 services provided pursuant to the School Employees' Health 8 Benefits Act shall be subject to limits or exclusions consistent with 9 those that apply to benefits provided pursuant to the New Jersey 10 State Health Benefits Program Act. The services provided pursuant 11 to this section shall include all services, subject to applicable limits 12 and exclusions, provided through the State Health Benefits Program as of July 1, 2007. The list of services in subsection b. of this 13 14 section is not intended to be exclusive or to require that any limits 15 or exclusions be exceeded. 16 b. The services covered hereunder by the School Employees' 17 Health Benefits Program shall include: (1) Physician services, including: 18 19 (a) Inpatient services, including: 20 (i) medical care including consultations; (ii) surgical services and services related thereto; and 21 22 (iii) obstetrical services including normal delivery, 23 cesarean section, and abortion. 24 (b) Outpatient/out-of-hospital services, including: 25 (i) office visits for covered services and care; 26 (ii) allergy testing and related diagnostic/therapy services; 27 (iii) dialysis center care; (iv) maternity care; 28 29 (v) well child care; 30 (vi) child immunizations/lead screening; 31 (vii) routine adult physicals including pap, mammography, and prostate examinations; and 32 33 (viii) annual routine obstetrical/gynecological exam. 34 (2) Hospital services, both inpatient and outpatient, including: 35 (a) room and board; (b) intensive care and other required levels of care; 36 37 (c) semi-private room; 38 (d) therapy and diagnostic services; 39 (e) surgical services or facilities and treatment related 40 thereto; 41 (f) nursing care; (g) necessary supplies, medicines, and equipment for care; 42 43 44 (h) maternity care and related services. 45 (3) Other facility and services, including: 46 (a) approved treatment centers for medical emergency/ 47 accidental injury;

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(b) approved surgical center;

- 1 (c) hospice;
- 2 (d) chemotherapy;
- 3 (e) diagnostic x-ray and lab tests;
- 4 (f) ambulance;
- 5 (g) durable medical equipment;
- 6 (h) prosthetic devices;
- 7 (i) foot orthotics;

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- 8 (j) diabetic supplies and education; and
 - (k) oxygen and oxygen administration.
- 10 Benefits under the contract or contracts purchased as 11 authorized by the School Employees' Health Benefits Program Act 12 shall include those for the treatment of alcoholism where such 13 treatment is prescribed by a physician and shall also include treatment while confined in or as an outpatient of a licensed 14 15 hospital or residential treatment program which meets minimum 16 standards of care equivalent to those prescribed by the Joint 17 Commission on Hospital Accreditation. No benefits shall be provided beyond those stipulated in the contracts held by the School 18 19 Employees' Health Benefits Commission.
 - d. Benefits under the contract or contracts purchased as authorized by the School Employees' Health Benefits Program Act shall include those for mental health services subject to limits and exclusions consistent with those that apply to benefits for such services pursuant to the New Jersey State Health Benefits Program Act. Coverage for biologically-based mental illness, as defined in section 1 of P.L.1999, c.441 (C.52:14-17.29d), shall be provided in accordance with section 2 of P.L.1999, c.441 (C.52:14-17.29e).
 - e. Coverage provided under the School Employees' Health Benefits Program Act shall include coverage for all services for which coverage is mandated in the State Health Benefits Program pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.).
 - f. (1) As used in this subsection:
 - (a) "brand name" means the proprietary or trade name assigned to a drug product by the manufacturer or distributor of the drug product.
 - (b) "carrier" means an insurance company, hospital, medical, or health service corporation, preferred provider organization, or health maintenance organization under agreement or contract with the commission to administer the School Employee Prescription Drug Plan.
 - (c) "School Employee Prescription Drug Plan" means the plan for providing payment for eligible prescription drug expenses of members of the School Employees' Health Benefits Program and their eligible dependents.
 - (d) "generic drug products" means prescription drug products and insulin approved and designated by the United States Food and Drug Administration as therapeutic equivalents for reference listed drug products. The term includes drug products listed in the New

Jersey Generic Formulary by the Drug Utilization Review Council pursuant to P.L.1977, c.240 (C.24:6E-1 et al.).

- (e) "mail-order pharmacy" means the mail order program available through the carrier.
- (f) "preferred brands" means brand name prescription drug products and insulin determined by the carrier to be more cost effective alternative for prescription drug products and insulin with comparable therapeutic efficacy within a therapeutic class, as defined or recognized in the United States Pharmacopeia or the American Hospital Formulary Service Drug Information, or by the American Society of Health Systems Pharmacists. A drug product for which there is no other therapeutically equivalent drug product shall be a preferred brand. Determinations of preferred brands by the carrier shall be subject to review and modification by the commission.
 - (g) "retail pharmacy" means a pharmacy, drug store or other retail establishment in this State at which prescription drugs are dispensed by a registered pharmacist under the laws of this State, or a pharmacy, drug store or other retail establishment in another state at which prescription drug products are dispensed by a registered pharmacist under the laws of that state if expenses for prescription drug products dispensed at the pharmacy, drug store, or other retail establishment are eligible for payment under the School Employee Prescription Drug Plan.
 - (h) "other brands" means prescription drug products which are not preferred brands or generic drug products. A new drug product approved by the United States Food and Drug Administration which is not a generic drug product shall be included in this category until the carrier makes a determination concerning inclusion of the drug product in the list of preferred brands.
- (2) (a) Employers that participate in the School Employees' Health Benefits Program may offer to their employees and eligible dependents:
- (i) enrollment in the School Employee Prescription Drug Plan, or
 - (ii) enrollment in another free-standing prescription drug plan, or
- (iii) election of prescription drug coverage under their health care coverage through the School Employees' Health Benefits Program plan or as otherwise determined by the commission.
- (b) A co-payment shall be required for each prescription drug expense if the employer chooses to participate in the School Employee Prescription Drug Plan. The initial amounts of the co-payments shall be the same as those in effect on July 1, 2007 for the employee prescription drug plan offered through the State Health Benefits Program.
- 46 (c) If the employer elects to offer a free-standing prescription 47 drug plan, the employee's share of the cost for this prescription drug 48 plan may be determined by means of a binding collective

negotiations agreement, including any agreements in force at the time the employer commences participation in the School Employees' Health Benefits Program.

- (d) If an employee declines the employer's offering of a free-standing prescription drug plan, no reimbursement for prescription drugs shall be provided under the health care coverage through the School Employees' Health Benefits Program plan in which the employee is enrolled.
- (e) Prescription drug classifications that are not eligible for coverage under the employer's prescription drug plan shall also not be eligible for coverage under the health care coverage through the School Employees' Health Benefits Program plan except as federally or State mandated.
- (f) If the employer elects to not offer a free-standing prescription drug plan, then the employer shall offer prescription drug coverage under the health care coverage through the School Employees' Health Benefits Program plan or as determined by the commission. Any plan that has in-network and out-of-network coverage shall cover prescription drugs at 90% in-network and at the out-of-network rate applicable to health care coverage in the plan. The out-of-pocket amounts paid towards prescription drugs shall be combined with out-of-pocket medical payments to reach all out-of-pocket maximums.
- (g) Health care coverages through the School Employees' Health Benefits Program that only have in-network benefits shall include a prescription card with co-payment amounts the same as those in effect on July 1, 2007 for such coverages offered through the State Health Benefits Program.
- (h) In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section 40 of that act, review the prescription drug program established in this subsection and may make changes in the program pursuant to the terms of section 40 by majority vote of the full authorized membership of the commission.

37. (New section) Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and to qualified employees, retirees and dependents a managed care plan in which the office co-payment amount shall be \$10 per visit with a maximum out-of-pocket of \$400 per individual and \$1,000 per family for in-network services for each calendar year. The out-of-network deductible shall be \$100 per individual and \$250 per family for each calendar year with the plan paying for 80% of reasonable and customary charges as defined herein up to an out-of-pocket maximum that shall not exceed \$2,000 per individual and \$5,000 per family for each calendar year.

In the successor plan, the in-network out-of-pocket payments shall count toward the out-of-network out-of-pocket maximums. Any lifetime maximum for out-of-network services shall not be less than any maximums in effect under the State Health Benefits

Program as of July 1, 2007. There shall be no lifetime maximum

6 for in-network services.

The carrier that administers the successor plan shall make available to the plan participants through in-network and out-of-network providers access to physicians and hospitals sufficient in geographic scope and number to provide access to health care services that is substantially equivalent to the access to health care services available through the State Health Benefits Program as of July 1, 2007.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall be authorized to offer to participating employers and qualified employees, retirees and dependents managed care plans in which the in-network per visit charge shall not exceed \$15 per visit and the out of network reimbursement shall be 70% of reasonable and customary charges as defined herein, provided the in-network and out-of-network maximums and deductibles do not exceed the limits set forth above.

The amounts of maximums, co-pays, deductibles, and other participant costs shall be reviewed, as part of the fifth year audit undertaken pursuant to section 40 of P.L. , c. (C.) (pending before the Legislature as this bill). The commission shall make changes in such amounts pursuant to section 40 by majority vote of the full authorized membership of the commission.

"Reasonable and customary charges" means, for any out-ofnetwork payment made by a carrier, charges based upon the 90th percentile of the usual, customary, and reasonable (UCR) fee schedule determined by the Health Insurance Association of America or a similar nationally recognized database of prevailing health care charges.

Beginning with the initial year of the School Employees' Health Benefits Program, the commission shall offer to participating employers and qualified employees, retirees and dependents one or more health maintenance organization plans.

38. (New section) a. Retirees and eligible dependents who participate in the School Employees' Health Benefits Program shall be eligible to participate in the School Retiree Prescription Drug Plan. The definitions in subsection f. of section 36 of P.L. , c. (C.) (pending before the Legislature as this bill) shall apply to the School Retiree Prescription Drug Plan.

b. There shall be no annual deductible amount that retirees or their eligible dependents shall be required to satisfy before eligibility for payment of prescription drug expenses under the School Retiree Prescription Drug Plan.

- c. Eligibility of prescription drug expenses for coverage under the School Retiree Prescription Drug Plan shall be determined on the same basis as reasonable and necessary medical expenses under the School Employees' Health Benefits Program.
- d. A co-payment shall be required for each prescription drug expense until a retiree or eligible dependent satisfies the maximum annual out-of-pocket expense for a calendar year prescribed in subsection f. of this section. The amounts of the co-payments shall be the same as those in effect as of July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of co-payment.
- e. The supply of a drug product eligible for coverage under the School Retiree Prescription Drug Plan for each prescription drug expense shall be limited to 30 days if the prescription is filled at a retail pharmacy, and 90 days if the prescription is filled through the mail-order pharmacy.
- f. The amount of out-of-pocket expense that a retiree or eligible dependent shall pay in a calendar year for eligible prescription drug expenses under the School Retiree Prescription Drug Plan shall be limited in the first year of the plan to the amount in effect on July 1, 2007 for retiree prescription drug coverage under the State Health Benefits Program. The commission shall promulgate rules that shall establish a formula for a reasonable annual escalator to the amount of out-of-pocket expense.
- g. In the fifth year following the initial appointment of all of its members, the commission shall, as part of the fifth year audit and review undertaken pursuant to section 40 of P.L. , c. (C.) (pending before the Legislature as this bill), review the amounts established in this section and make any changes that it deems appropriate pursuant to section 40 of P.L. , c. (C.) (pending before the Legislature as this bill) by majority vote of the full authorized membership of the commission.

- 39. (New section) a. For each active covered employee and for the eligible dependents the employee may have enrolled at the employee's option, from funds appropriated therefor, the employer shall pay to the commission the premium or periodic charges for the benefits provided under the contract in amounts equal to the premium or periodic charges for the benefits provided under such a contract covering the employee and the employee's enrolled dependents.
- b. The obligations of any employer to pay the premium or periodic charges for health benefits coverage provided under the School Employees' Health Benefits Program Act, sections 31 through 41 of P.L., c. (C.) (pending before the Legislature as this bill), may be determined by means of a binding collective

- negotiations agreement, including any agreement in force at the time the employer commences participation in the School Employees' Health Benefits Program. With respect to employees for whom there is no majority representative for collective negotiations purposes, the employer may, in its sole discretion, modify the respective payment obligations set forth in law for the employer and such employees in a manner consistent with the terms of any collective negotiations agreement binding on the employer.
 - c. There is hereby established a School Employee Health Benefits Program fund consisting of all contributions to premiums and periodic charges remitted to the State treasury by participating employers for employee coverage. All such contributions shall be deposited in the fund and the fund shall be used to pay the portion of the premium and periodic charges attributable to employee and dependent coverage.
 - d. Notwithstanding any law to the contrary, the payment in full of premium or periodic charges for eligible retirees and their dependents pursuant to section 3 of P.L.1987, c.384 (C.52:14-17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1), or section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be continued without alteration or interruption and there shall be no premium sharing or periodic charges for school employees in retirement once they have met the criteria for vesting for pension benefits, which criteria for purposes of this subsection only shall mean the criteria for vesting in the Teachers' Pension and Annuity Fund. For purposes of this subsection, "premium sharing or periodic charges" shall mean payments by eligible retirees based upon a proportion of the premiums for health care benefits.

- 40. (New section) a. The School Employees' Health Benefits Commission shall publish annually, at least 30 days prior to the commencement of the open enrollment period for that year, a report showing the fiscal transactions of the program for the preceding calendar year and stating other facts pertinent to the program and all participating employers.
- b. At the same time as the annual report is published, the commission shall publish an audit report of the program's costs and the aggregate usage of plan participants during the preceding calendar year, which audit shall be prepared by a qualified independent auditor selected by the commission in accordance with applicable laws regarding selection of auditing services. The independent auditor shall include in its report specific recommendations that are projected to result in cost savings to the State and to participating employers.

The specific recommendations to be submitted in the annual audit report shall include, but not be limited to, savings achievable through disease management, prescription benefit management, and elimination of administrative and program inefficiencies. In

- addition, the annual audit may recommend changes to the benefits provided under the School Employees' Health Benefits Program that improve the overall ability to retain and attract eligible employees.
 - c. The commission shall submit the annual report and annual audit report to the Governor and the Legislature, and shall make these reports available to every participating employer.
 - d. At the start of the fifth year following the initial appointment of all of its members, and at the start of every fifth year thereafter, the commission shall contract with an independent, qualified auditor, separate from the person performing the annual audit described in subsection b. of this section, for a comprehensive review and audit of all elements of the program, as well as the plan design and structure for each plan offered by the commission. The auditor shall be qualified by experience, training, resources, and education to perform intensive audits of public health insurance plans that are of a similar size and scope and shall be familiar with benefit designs of employers that are eligible but do not participate in the commission. The auditor shall be selected in accordance with applicable law.
 - e. Each fifth year review and audit shall be the annual audit for that year and the review shall include all of the elements contained in the annual audit plus the additional reviews set forth in this subsection. In addition to performing the tasks of the annual audit, the auditor selected for a fifth year review shall review the program plan design, and plan structure and may issue recommendations for cost sharing measures, including modifications of co-payments, deductibles, out-of-pocket maximums, limits, exclusions, and other measures to be considered for implementation by the commission. The commission is authorized to implement such recommendations pursuant to majority vote of the full authorized membership of the commission.

The commission shall submit the five-year review and audit report to the Governor and the Legislature and shall make the report available to every participating employer.

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41. (New section) All provisions of P.L.1961, c.49 (C.52:14-17.25 et seq.) applicable to the State Health Benefits Program shall, except as expressly stated in the School Employees' Health Benefits Program Act, be construed as applicable to participating employers and to their employees and to dependents of such employees, and to retirees and to dependents of such retirees, in the School Employees' Health Benefits Program.

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- 45 42. Section 3 of P.L.1987, c.384 (C.52:14-17.32f) is amended to 46 read as follows:
 - 3. A qualified retiree from the Teachers' Pension and Annuity Fund (N.J.S.18A:66-1 et seq.) and dependents of a qualified retiree,

- 1 but not including survivors, are eligible to participate in the
- 2 [program] State Health Benefits Program until June 30, 2008, and
- 3 <u>beginning July 1, 2008, in the School Employees' Health Benefits</u>
- 4 <u>Program</u>, regardless of whether the retiree's employer participated in the program.
- 6 A qualified retiree is a retiree who:
 - a. Retired on a benefit based on 25 or more years of service credit;
- 9 b. Retired on a disability pension based on fewer years of 10 service credit; or
 - c. Elected deferred retirement based on 25 or more years of service credit and who receives a retirement allowance.

The program shall reimburse a qualified retiree who participates in the program for the premium charges under Part B of the federal medicare program for the retiree and the retiree's spouse. A qualified retiree who retired under subsections a. and b. of this section prior to the effective date of this 1987 amendatory and supplementary act is eligible for the coverage if the retiree applies to the program for it within one year after the effective date, and a qualified retiree as defined under subsection c. of this section whose retirement allowance commenced prior to the effective date of this 1992 amendatory act is eligible for the coverage if the retiree applies to the program for it within one year after the effective date.

The premium or periodic charges for benefits provided to a qualified retiree and the dependents of the retiree, and the cost for reimbursement of medicare premiums shall be paid by the [Teachers' Pension and Annuity Fund] State.

(cf: P.L.1994, c.62, s.12)

- 30 43. Section 2 of P.L.1987, c.385 (C.18A:66-18.1) is amended to read as follows:
- 2. **[a.]** Pension adjustment benefits for members and beneficiaries of the Teachers' Pension and Annuity Fund as provided by the "Pension Adjustment Act," P.L.1958, c.143 (C.43:3B-1 et seq.), shall be paid by the retirement system and shall be funded as employer obligations by the same method provided by law for the funding of employer obligations for the basic retirement benefits provided by the retirement system.
 - **[**b. Health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f) shall be funded and paid by the retirement system through a separate fund or trust of the retirement system in accordance with the requirements of the federal Internal Revenue Code. Beginning with the actuarial valuation period ending March 31, 1994, the actuary of the retirement system shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to

1 provide that the balance in the fund as of the end of the following 2 valuation period shall be increased by 1/2 of 1% of the salary of the 3 active members for the valuation period, except that contributions 4 to increase the balance in the fund shall not be made in State fiscal 5 years 2002 and 2003. Beginning with the actuarial valuation period 6 ending June 30, 2002, the contribution shall be computed to provide 7 that the balance in the fund shall be increased by 3/5 of 1% of the 8 salary of the active members for the valuation period. Any monies 9 in a separate fund or trust maintained by the retirement system to 10 pay for health care benefits for qualified retirees and their 11 dependents as provided in this section may be used in State fiscal 12 year 2002 to pay the premiums or periodic charges for the benefits. If the assets in the fund are insufficient to pay the premiums or 13 14 periodic charges for the benefits, they shall be paid directly by the 15 Nothing hereinabove shall alter health care benefits for 16 qualified retirees and their dependents or relieve the State from its 17 acknowledged obligation to fund the benefits. 18 (cf: P.L.2002, c.11, s.1)

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- 44. Section 2 of P.L.1990, c.6 (C.43:15A-24.1) is amended to read as follows:
- 2. a. Pension adjustment benefits for members and beneficiaries of the Public Employees' Retirement System provided by the "Pension Adjustment Act," P.L.1958, c.143 (C.43:3B-1 et seq.), shall be paid by the retirement system and shall be funded as employer obligations by the same method provided by law for the funding of employer obligations for the basic retirement benefits provided by the retirement system. Normal and accrued liability contributions for pension adjustment benefits for active employees of employers other than the State shall be determined for the 1992 valuation year and shall be phased in so that the level of recognition of the full normal and accrued liability contributions for the State and other employers shall be 20% for valuation year 1992 and 24% for valuation year 1993, and shall be increased by 2.24% for each valuation year thereafter until the full normal and accrued liability contributions are fully recognized.

[b. Health care benefits for retired State employees and their dependents for which the State is required to pay the premiums or periodic charges under the "New Jersey State Health Benefits Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.), shall be funded and paid by the retirement system through a separate fund or trust of the retirement system in accordance with the requirements of the federal Internal Revenue Code. Beginning with the actuarial valuation period ending March 31, 1994, the actuary of the retirement system shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in

1 the fund as of the end of the following valuation period shall be 2 increased by 1/2 of 1% of the salary of the active members for the 3 valuation period, except that contributions to increase the balance in 4 the fund shall not be made in State fiscal years 2002 and 2003. 5 Beginning with the actuarial valuation period ending June 30, 2002, 6 the contribution shall be computed to provide that the balance in the 7 fund shall be increased by 3/5 of 1% of the salary of the active 8 members for the valuation period. Any monies in a separate fund or 9 trust maintained by the retirement system to pay for health care 10 benefits for qualified retirees and their dependents as provided in 11 this section may be used in State fiscal year 2002 to pay the 12 premiums or periodic charges for the benefits. If the assets in the 13 fund are insufficient to pay the premiums or periodic charges for 14 the benefits, they shall be paid directly by the State. Nothing 15 hereinabove shall alter health care benefits for qualified retirees and 16 their dependents or relieve the State from its acknowledged 17 obligation to fund the benefits. 18

(cf: P.L.2002, c.11, s.2)

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- 45. Section 3 of P.L.1993, c.8 (C.52:14-17.38c) is amended to read as follows:
 - 3. With respect to any policy or contract between a local board of education and an insurance company writing insurance pursuant to Title 17B of the New Jersey Statutes, hospital service corporation, medical service corporation, health service corporation, or health maintenance organization which provides hospital or medical expense benefits:
- upon the commencement of any policy or contract entered into after the effective date of this amendatory and supplementary act, P.L.1993, c.8 (C.52:14-17.38b et al.); or
- 31 in the case of any policy or contract in effect as of the 32 effective date of this act, no earlier than the second anniversary date 33 after the effective date of this act of any such policy or contract, the 34 insurance company, hospital service corporation, medical service corporation, health service corporation, or health maintenance 35 36 organization shall annually pay to the State Health Benefits 37 Program a surcharge in the form of a percentage of the claims paid 38 by the insurance company, hospital service corporation, medical 39 service corporation, health service corporation, or 40 maintenance organization which are attributable to the coverage of 41 the employees of the board and their dependents for the time period 42 from July 1 through the following June 30, except that if the 43 commencement or the second anniversary date of the policy or 44 contract occurs after July 1, the initial surcharge shall be prorated 45 for the remainder of that year from July 1 through the following 46 June 30. The surcharge shall be paid on or before December 31 of 47 the time period for which it is payable in the manner prescribed 48 hereinafter, except that if the commencement or second anniversary

1 date of the policy or contract occurs on or after November 1, an 2 estimated initial surcharge shall be paid no later than the end of the 3 sixth month following the commencement or anniversary date of the 4 policy or contract or July 1 following the commencement or 5 anniversary date of the policy or contract, whichever is earlier, and 6 the actual surcharge payable for the initial time period shall be 7 determined and adjustments, if any, shall be made to the surcharge 8 payable for the succeeding time period in the manner prescribed 9 hereinafter.

10 The initial surcharge percentage for the time period July 1, 1993 11 through June 30, 1994 shall be 3.25%. The State Treasurer shall 12 thereafter annually redetermine the surcharge percentage, which 13 shall be the percentage of total claims paid for active employees and 14 for retired employees receiving health care coverage under the State 15 Health Benefits Program pursuant to section 3 of P.L.1987, c.384 16 (C.52:14-17.32f) or subsection a. of section 2 of P.L.1992, c.126 17 (C.52:14-17.32f1) who are not eligible for Medicare which is 18 reasonably attributable to the excess claim cost for these retired 19 employees. The State Treasurer shall annually provide an estimated 20 surcharge percentage based upon the claims paid for the 12 months 21 immediately preceding the time period for which the surcharge is 22 payable. Except as otherwise provided herein in the case of the 23 initial surcharge, each organization shall pay to the State Health 24 Benefits Program an estimated surcharge on or before December 31 25 of the time period for which the surcharge is payable, which shall 26 be the amount determined by multiplying the total claims paid by 27 the organization for the coverage for the 12 months immediately 28 preceding the time period for which the surcharge is payable by the 29 estimated surcharge percentage. Within three months after the time 30 period for which the surcharge is payable, the State Treasurer shall 31 determine the actual surcharge percentage for the time period based 32 upon the actual claims experience for the period. The surcharge for 33 the succeeding time period shall be increased or decreased, as 34 appropriate, by the difference between the estimated surcharge paid 35 and the surcharge due based upon the actual claims experience.

This section shall apply to any policy or contract in which the insurer has reserved the right to change the premium.

Beginning July 1, 2008, a reference to the State Health Benefits Program in this section shall mean the School Employees' Health Benefits Program, established pursuant to sections 31 through 41 of P.L., c. (C.) (pending before the Legislature as this bill). (cf: P.L.1993, c.8, s.3)

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44 46. Section 8 of P.L.1961, c.49 (C.52:14-17.32) is amended to 45 read as follows:

46 8. a. The [basic coverage and the major medical] health care 47 benefits coverage of any employee, and the employee's dependents, if any, shall cease upon the discontinuance of the term of office or

1 employment or upon cessation of active full-time employment 2 subject to such regulations as may be prescribed by the commission 3 for limited continuance of [basic coverage and major medical] 4 coverage during disability, part-time employment, leave of absence 5 or lay off, and for continuance of [basic coverage and major 6 medical coverage after retirement, any such continuance after 7 retirement to be provided at such rates and under such conditions as 8 shall be prescribed by the commission, subject, however, to the 9 requirements hereinafter set forth in this section. Notwithstanding 10 the provisions of any law to the contrary, for law enforcement 11 officers employed by the State for whom there is a majority 12 representative for collective negotiation purposes, and for 13 nonaligned sworn members of the Division of State Police who 14 retire after July 1, 2005, the coverage options available to such 15 employees in retirement shall be limited to those options that were available to the employee on the employee's last day of 16 17 employment. The commission may also establish regulations 18 prescribing an extension of coverage when an employee or 19 dependent is totally disabled at termination of coverage. 20

b. Rates payable by retired employees for themselves and their dependents, by active employees for dependents covered by medicare benefits, and by the State or other employer for an active employee alone covered by medicare benefits, shall be determined on the basis of utilization experience according to classifications determined by the commission, provided, however, that the total rate payable by such retired employee for the employee and the employee's dependents, or by such active employee for the employee's dependents and the State or other employer for such active employee alone, for coverage hereunder and for Part B of medicare, shall not exceed by more than 25%, as determined by the commission, the total amount which would have been required to have been paid by the employee and by the State or other employer for the coverage maintained had the employee continued in office or active employment and the employee and the employee's dependents were not eligible for medicare benefits. "Medicare" as used in this act means the coverage provided under Title XVIII of the Social Security Act as amended in 1965, or its successor plan or

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c. (1) From funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if such employee retired from one or more State or locally-administered retirement systems on a benefit or benefits based in the aggregate on 25 years or more of nonconcurrent service credited in the retirement systems, excluding service credited under the Defined Contribution Retirement Program established pursuant to P.L.2007, c.92 (C.43:15C-1 et al.), and excepting the employee who elected deferred retirement, but

including the employee who retired on a disability pension based on fewer years of service credited in the retirement systems and shall also reimburse such retired employee for the premium charges under Part B of the federal medicare program covering the retired employee and the employee's spouse. In the case of full-time employees of the Rutgers University Cooperative Extension Service, service credited in the federal Civil Service Retirement System (5 U.S.C.s.8331 et seq.) which was earned as a result of full-time employment at Rutgers University, may be considered alone or in combination with service credited in one or more State or locally-administered retirement systems for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section. Any full-time employee of the Rutgers University Cooperative Extension Service who meets the eligibility requirements set forth in this amendatory act shall be eligible for the benefits provided in this section, provided that at the time of retirement such employee was covered by the State Health Benefits Program and elected to continue such coverage into retirement.

(2) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and the employee's dependents covered under the program, but not including survivors, if: (a) the employee retires on or after the effective date of this 1987 amendatory act; (b) the employee was employed by Rutgers University prior to January 2, 1955 and remained in continuous service with Rutgers University until retirement even though the employee (i) did not join a State-administered retirement system, or, (ii) became a member of a State-administered retirement system, but accumulated less than 25 years of credited service; and (c) the employee is covered by the program at the time of retirement.

- (3) Notwithstanding the provisions of this section to the contrary, in the case of an employee of a State college, as described in chapter 64 of Title 18A of the New Jersey Statutes, or of a county college, as defined in N.J.S.18A:64A-1, service credited in a private defined contribution retirement plan which was earned as an employee of an auxiliary organization, as defined in section 2 of P.L.1982, c.16 (C.18A:64-27), at a State or county college shall be considered in combination with service credited in a State-administered retirement system for the purposes of establishing the minimum 25-year service requirement to qualify for the benefits provided in this section, provided that the employee is covered by the program at the time of retirement.
- (4) Notwithstanding the provisions of this section to the contrary, from funds appropriated therefor, the State shall pay the premium or periodic charges for the benefits provided to a retired State employee and any dependents covered under the program, but

1 not including survivors, if the employee: (a) retired prior to the 2 effective date of this act, P.L.1997, c.335 (C.52:14-17.32), under 3 the State Police Retirement System, established pursuant to 4 P.L.1965, c.89 (C.53:5A-1 et seq.), with more than 20 but less than 5 25 years of service credit in the retirement system; (b) was 6 subsequently employed by the State in another position or positions 7 not covered by the State Police Retirement System; (c) has, in the 8 aggregate, at least 30 years of full-time employment with the State; 9 and (d) is covered by the program at the time of terminating full-10 time employment with the State. 11

(cf: P.L.2007, c.92, s.29)

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47. Section 1 of P.L.1989, c.127 (C.52:14-17.32g) is amended to read as follows:

1. Notwithstanding any other provisions of P.L.1961, c.49 (C.52:14-17.25 et seq.) to the contrary, the [basic benefits and the major medical expense health care benefits of any employee of an employer with at least three years of service under a permanent appointment with that employer and any dependent of the employee may be continued and the premiums for the coverage may be paid by the employer during any approved leave of absence of the employee with or without pay, for a period of up to two years.

For the purposes of this section "employer" means a local board of education, regional board of education, county college, educational services commission, jointure commission, county special services school district, county vocational-technical school district, or any board or commission under the authority of the Commissioner of Education, or State Board of Education, as the case may be.

30 (cf: P.L.1989, c.127, s.1)

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48. (New section) Effective July 1, 2007, health care benefits for retired State employees and their dependents for which the State is required to pay the premiums or periodic charges under the "New Jersey State "Health Benefits Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.), shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient to pay the premiums or periodic charges for the benefits, they shall be paid directly by the State. Nothing herein above shall alter health care benefits for

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qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

49. (New section) Effective July 1, 2007, health care benefits for qualified retirees and their dependents as provided by section 3 of P.L.1987, c.384 (C.52:14-17.32f), section 2 of P.L.1992, c.126 (C.52:14-17.32f1) and section 1 of P.L.1995, c.357 (C.52:14-17.32f2) shall be funded and paid by the State through a separate fund established in the Department of the Treasury. Beginning with the valuation period ending June 30, 2007, the Director of the Division of Pensions and Benefits shall annually compute a contribution to fund these health care benefits which shall be the amount necessary to pay the anticipated premiums or periodic charges for the benefits for the following valuation period and to provide that the balance in the fund as of the end of the following valuation period shall be increased by 3/5 of 1% of the salary of the active members for the valuation period. If the assets in the fund are insufficient or are not used to pay the premiums or periodic charges for the benefits, such premiums or periodic charges shall be paid directly by the State. Nothing hereinabove shall alter health care benefits for qualified retirees and their dependents or relieve the State from its acknowledged obligation to fund the benefits.

50. This act shall take effect immediately, except that sections 11 through 16, inclusive, shall take effect July 1, 2007, and sections 27 through 29, inclusive, shall take effect July 1, 2008, and sections 31 through 41, inclusive, shall take effect immediately and shall be implemented as soon as practicable as determined by the School Employees' Health Benefits Commission so that the School Employees' Health Benefits Program shall be operational as of July 1, 2008.

STATEMENT

Sections 1 to 6 of this bill increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from 5% of annual compensation to 5.5% of annual compensation. For teachers and public employees currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007

immediately after July 1, 2007.

I. Pension Benefits

Sections 7 and 8 of this bill change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1,

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2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance will be reduced by 1% per year for each year (1/12 of 1% per month) the member lacks of being age 60 but over age 55 and by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55. Currently, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55.

Sections 9 to 18 of this bill impose a maximum compensation upon which contributions will be made for TPAF and PERS purposes for teachers and public employees who become members of those systems on or after July 1, 2007. The maximum amount will be the amount of base or the contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act. For 2007, that amount is \$97,500. A new member for whom this annual maximum will be reached in any year will become a participant of the newly created Defined Contribution Retirement Program, unless the member irrevocably elects to waive the participation. amount of compensation over the maximum compensation, 5.5% will be deducted as a contribution for the purposes of the program. When a TPAF or PERS member also becomes a participant in the Defined Contribution Program, the life insurance and disability benefit provisions of that program will be available for that participant.

The provisions of this bill concerning "early retirement" and maximum compensation will apply to teachers and public employees who become members of the TPAF or PERS on or after July 1, 2007. This will not apply to a person who at the time of enrollment in one of these systems on or after July 1, 2007 transfers service credit from another State-administered retirement system, but will apply to a former member of one of these systems who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

II. Health Care Benefits

In addition, the bill amends the State Health Benefits Program (SHBP) statutes to reflect changes to the program to be implemented as the result of binding collective negotiations agreements between the Executive branch and collective bargaining units representing State employees. There are two basic changes: (1) the creation of, and grant of authority, to the State Health Benefits Commission to contract for the administration of, preferred

provider organizations (PPOs) and (2) the establishment of an employee contribution of 1.5% of the employee's base salary toward the cost of whatever type of SHBP coverage the employee has chosen. A PPO is a network of health care providers from whom an enrollee may obtain services without a gatekeeper physician for a co-payment fee, with services outside of the network

7 being more expensive. Over a period of time as collective

8 negotiations occur with additional employee groups, the PPOs will cover an increasing number of active employees and retirees in

cover an increasing number of active employees and retirees in

place of the traditional plan and NJ PLUS. SHBP will continue to offer health care benefits through health maintenance organizations

offer health care benefits through health maintenance organizations (IIMO₂)

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Reflecting discussions with the New Jersey Education Association, the bill also establishes a School Employees' Health Benefits Program (SEHBP) through the School Employees' Health Benefits Act. The SEHBP will provide health care benefits for active and retired education employees through PPOs and HMOs overseen by a new School Employees' Health Benefits Commission.

Section 19 adds a new definition of a "successor plan" to identify a PPO plan that replaces the traditional plan. The definitions of "employee" and "dependents" are updated to reflect coverage of intermittent employees and partners of a civil union.

Section 20 provides that, upon the creation of the SEHBP, the member of the State Health Benefits Commission representing the New Jersey Education Association will be replaced by a local employees' representative.

Section 21 describes the structure of the new PPOs and how their benefits are to reflect the benefits of the traditional plan (e.g., maximum out-of-pocket of \$400 per individual and \$1,000 per family in-network; out-of-network charges reimbursed at 80% with out-of-pocket maximum of \$2,000 per individual, \$5,000 per family) and NJ PLUS (e.g., doctor's office visit co-payment of \$15; out-of-network charges reimbursed at 70%). The section also recognizes that the State Health Benefits Commission may have issued a request for proposals for the administration of new plans not including the traditional plan.

Section 22 implements the 1.5% of base salary active employee contribution to the cost of SHBP benefits for State employees per ratified agreements and for all non-aligned State employees, as well as the contribution arrangements for retirees. The section also provides that an employee may terminate the withholding of the contribution for SHBP benefits if that employee withdraws from SHBP coverage and certifies current coverage by other health benefits.

Section 23 describes the services and benefits to be included in contracts for the new PPOs and provides for coordination between the State Health Benefits Commission and the new School 1 Employees' Health Benefits Commission in effectuating provisions

of the School Employees' Health Benefits Program Act, contained

3 within this bill, which creates the new SEHBP to cover active and

4 retired educators.

Sections 24, 25 and 26 replace references to the traditional plan or NJ PLUS with the more general references in statutes related to notification of termination of a physician contract, SHBP coverage if both husband and wife are eligible for SHBP benefits, and SHBP benefits for certain members of the National Guard.

Sections 27 through 30 amend SHBP statutes to delete references to school board participation and coverage of education employees once their health care benefits are under SEHBP.

Section 31 provides that Sections 31 through 41 will be known and cited as the School Employees' Health Benefits Program Act.

Section 32 defines terms used for the School Employees' Health Benefits Program (SEHBP), which is anticipated to be operational July 1, 2008. Employers able to participate in SEHBP will include local and regional school districts, county vocational and special services school districts, jointure and educational services commissions, State-operated school districts, charter schools, and county colleges.

Sections 33 through 35 create and describe the responsibilities and powers of the School Employees' Health Benefits Commission, administered in the Department of the Treasury. The commission will have nine members: the State Treasurer, the Commissioner of the Department of Banking and Insurance, an appointee of the Governor, a person appointed by the Governor from New Jersey School Board Association nominations, three persons appointed by the Governor from New Jersey Education Association nominations, a person appointed by the Governor from New Jersey State AFL-CIO nominations, and a chairperson appointed by the Governor from nominations jointly submitted by at least six of the other eight members of the commission. The Director of the Division of Pensions and Benefits will serve as secretary.

Sections 36 and 39 describe the benefits, services and payment obligations of the SEHBP, which will include a PPO that is a successor plan to the traditional plan, a PPO similar to NJ PLUS and HMOs, with prescription drug benefits provided through the School Employee Prescription Drug Plan or a free-standing employer prescription drug plan or the prescription drug part of a SEHBP plan. Prescription drug benefits for retirees will be provided through the School Retiree Prescription Drug Plan.

Section 40 requires of the School Employees' Health Benefits Commission certain annual reports, periodic audits and review of program costs.

Section 41 provides that the provisions of the SHBP statutes will continue to be applicable to SEHBP, except as expressly stated to

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- the contrary in the School Employees' Health Benefits Program
- 2 Act.
- 3 Sections 42 through 49 amend and supplement existing law to
- 4 reflect implementation of the School Employees' Health Benefits
- 5 Program.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 3004

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 18, 2007

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3004, with committee amendments.

I. Pension Benefits

Sections 1 to 6 of this bill increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from 5% of annual compensation to 5.5% of annual compensation. For State employees, teachers and other school district employees currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007. For employees of the Judicial Branch of State government, the University of Medicine and Dentistry, and counties and municipalities, the increase will be effective July 1, 2008.

Sections 7 and 8 of this bill change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1, 2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance will be reduced by 1% per year for each year (1/12 of 1% per month) the member lacks of being age 60 but over age 55 and by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55. Currently, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by 3% per year for each year (1/4 of 1% per month) the member lacks of being age 55.

Sections 9 to 18 of this bill impose a maximum compensation upon which contributions will be made for TPAF and PERS purposes for teachers and public employees who become members of those systems on or after July 1, 2007. The maximum amount will be the amount of base or the contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance

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Contributions Act. For 2007, that amount is \$97,500. A new member for whom this annual maximum will be reached in any year will become a participant of the newly created Defined Contribution Retirement Program, unless the member irrevocably elects to waive the participation. For the amount of compensation over the maximum compensation, 5.5% will be deducted as a contribution for the purposes of the program. When a TPAF or PERS member also becomes a participant in the Defined Contribution Program, the life insurance and disability benefit provisions of that program will be available for that participant.

The provisions of this bill concerning "early retirement" and maximum compensation will apply to teachers and public employees who become members of the TPAF or PERS on or after July 1, 2007. This will not apply to a person who at the time of enrollment in one of these systems on or after July 1, 2007 transfers service credit from another State-administered retirement system, but will apply to a former member of one of these systems who has been granted a retirement allowance and is reenrolled in the retirement system on or after July 1, 2007 after becoming employed again in a position that makes the person eligible to be a member of the retirement system.

II. Health Care Benefits

In addition, the bill amends the State Health Benefits Program (SHBP) statutes to reflect changes to the program to be implemented as the result of binding collective negotiations agreements between the Executive branch and collective bargaining units representing State employees. There are two basic changes: (1) the creation of, and grant of authority, to the State Health Benefits Commission to contract for the administration of, preferred provider organizations (PPOs) and (2) the establishment of an employee contribution of 1.5% of the employee's base salary toward the cost of whatever type of SHBP coverage the employee has chosen. A PPO is a network of health care providers from whom an enrollee may obtain services without a gatekeeper physician for a co-payment fee, with services outside of the network being more expensive. Over a period of time as collective negotiations occur with additional employee groups, the PPOs will cover an increasing number of active employees and retirees in place of the traditional plan and NJ PLUS. SHBP will continue to offer health care benefits through health maintenance organizations (HMOs).

Reflecting discussions with the New Jersey Education Association, the bill also establishes a School Employees' Health Benefits Program (SEHBP) through the School Employees' Health Benefits Act. The SEHBP will provide health care benefits for active and retired education employees through PPOs and HMOs overseen by a new School Employees' Health Benefits Commission.

Section 19 adds a new definition of a "successor plan" to identify a PPO plan that replaces the traditional plan. The definitions of "employee" and "dependents" are updated to reflect coverage of intermittent employees and partners of a civil union.

Section 20 provides that, upon the creation of the SEHBP, the member of the State Health Benefits Commission representing the New Jersey Education Association will be replaced by a local employees' representative.

Section 21 describes the structure of the new PPOs and how their benefits are to reflect the benefits of the traditional plan (e.g., maximum out-of-pocket of \$400 per individual and \$1,000 per family in-network; out-of-network charges reimbursed at 80% with out-of-pocket maximum of \$2,000 per individual, \$5,000 per family) and NJ PLUS (e.g., doctor's office visit co-payment of \$15; out-of-network charges reimbursed at 70%). The section also recognizes that the State Health Benefits Commission may have issued a request for proposals for the administration of new plans not including the traditional plan.

Section 22 implements the 1.5% of base salary active employee contribution to the cost of SHBP benefits for State employees per ratified agreements and for all non-aligned State employees, as well as the contribution arrangements for retirees. The section also provides that an employee may terminate the withholding of the contribution for SHBP benefits if that employee withdraws from SHBP coverage and certifies current coverage by other health benefits.

Section 23 describes the services and benefits to be included in contracts for the new PPOs and provides for coordination between the State Health Benefits Commission and the new School Employees' Health Benefits Commission in effectuating provisions of the School Employees' Health Benefits Program Act, contained within this bill, which creates the new SEHBP to cover active and retired educators.

Sections 24, 25 and 26 replace references to the traditional plan or NJ PLUS with the more general references in statutes related to notification of termination of a physician contract, SHBP coverage if both husband and wife are eligible for SHBP benefits, and SHBP benefits for certain members of the National Guard.

Sections 27 through 30 amend SHBP statutes to delete references to school board participation and coverage of education employees once their health care benefits are under SEHBP.

Section 31 provides that sections 31 through 41 will be known and cited as the School Employees' Health Benefits Program Act.

Section 32 defines terms used for the School Employees' Health Benefits Program (SEHBP), which is anticipated to be operational July 1, 2008. Employers able to participate in SEHBP will include local and regional school districts, county vocational and special services school districts, jointure and educational services commissions, State-operated school districts, charter schools, and county colleges.

Sections 33 through 35 create and describe the responsibilities and powers of the School Employees' Health Benefits Commission, administered in the Department of the Treasury. The commission will have nine members: the State Treasurer, the Commissioner of the Department of Banking and Insurance, an appointee of the Governor, a person appointed by the Governor from New Jersey School Board Association nominations, three persons appointed by the Governor from New Jersey Education Association nominations, a person appointed by the Governor from New Jersey State AFL-CIO nominations, and a chairperson appointed by the Governor from nominations jointly submitted by at least six of the other eight members of the commission. The Director of the Division of Pensions and Benefits will serve as secretary.

Sections 36 and 39 describe the benefits, services and payment obligations of the SEHBP, which will include a PPO that is a successor plan to the traditional plan, a PPO similar to NJ PLUS and HMOs, with prescription drug benefits provided through the School Employee Prescription Drug Plan or a free-standing employer prescription drug plan or the prescription drug part of a SEHBP plan. Prescription drug benefits for retirees will be provided through the School Retiree Prescription Drug Plan.

Section 40 requires of the School Employees' Health Benefits Commission certain annual reports, periodic audits and review of program costs.

Section 41 provides that the provisions of the SHBP statutes will continue to be applicable to SEHBP, except as expressly stated to the contrary in the School Employees' Health Benefits Program Act.

Sections 42 through 49 amend and supplement existing law to reflect implementation of the School Employees' Health Benefits Program and other changes to health care benefits.

COMMITTEE AMENDMENTS:

Pension Benefits

The amendment changes the new provision in section 2 of the bill that provides for the increased employee contribution to the Public Employees' Retirement System (PERS) (from 5% to 5.5%) so that the increase begins July 1, 2007 for all new members, and with the payroll period that begins after July 1, 2007 for current members, who are:

employees of the State, other than employees of the Judicial Branch:

employees of an independent State authority, board, commission, corporation, agency or organization;

employees of a local school district, regional school district, county vocational school district, county special services school district, jointure commission, educational services commission, State-operated school district, charter school, county college, any officer,

board, or commission under the authority of the Commissioner of Education or of the State Board of Education, and any other public entity which is established pursuant to authority provided by Title 18A of the New Jersey Statutes; or

employees of a State public institution of higher education, other than the University of Medicine and Dentistry of New Jersey.

The increase in the employee contribution rate for all other members of the PERS will be effective July 1, 2008.

The amendment changes the new provision in section 12 of the bill that permits certain persons to irrevocably waive participation in the Defined Contribution Retirement Program. The persons specified are those members of the Teachers' Pension and Annuity Fund or the Public Employees' Retirement System for whom compensation is defined as the amount of base or contractual salary equivalent to the annual maximum wage contribution base for Social Security, pursuant to the federal Insurance Contributions Act, for contribution and benefit purposes in either of those retirement systems, for whom participation in the Defined Contribution Retirement Program is with regard to any excess over the maximum compensation only. The amendment permits such a person to waive participate at a later time, with such election effective on the January 1 following a participation request.

Health Care Benefits

The amendment changes the new provision in section 21 of the bill that describes contract requirements for contracts that the State Health Benefits Commission enters into after June 30, 2007 so that the description includes "one or more health maintenance organizations plans", as well as the already specified successor plan and State managed care plan.

The amendment changes the new provision in section 22 of the bill that provides for a contribution, as a share in the cost of health care benefits, by State retirees who attain 25 or more years of service, and who retire, on or after July 1, 2007 so that the contribution will not be effective until the New Jersey Retirees' Wellness Program is open for enrollment. Thereafter, the contribution will be waived for a retiree who participates in the wellness program. The wellness program is a pilot program during the current contract period. Prior to the conclusion of the program, the Division of Pension and Benefits shall submit a report on the savings achieved as a result of wellness program, within three years after the program's implementation or by December 30, 2010, whichever is earlier.

The amendment changes the new provision in section 23 of the bill to require that a contract purchased by the State Health Benefits Commission after June 30, 2007 include coverage for services and benefits equal to or exceeding the level of services and benefits listed in the subsection that is amended by this amendment.

The amendments to sections 48 and 49 of the bill are technical

corrections.

State Investment Council Provisions

The amendment adds two new sections (50 and 51) to the bill.

The amendment in section 50 of the bill changes the membership of the State Investment Council from 11 to 13 members, with the addition of one member to be appointed by the Governor from among three persons nominated by the Public Employee Committee of the New Jersey State AFL-CIO to serve for a term of three years, and one member to be appointed by the Governor from among three persons nominated by the New Jersey Education Association (NJEA) to serve for a term of three years. If the persons nominated are not acceptable to the Governor for appointment, the Governor may request submission of new nominees.

The number of appointments made by the Governor with the advice and consent of the Senate is increased from five to six.

The four members designated from the Board of Trustees of the Public Employees' Retirement System, the Board of Trustees of the State Police Retirement System, the Board of Trustees of the Teachers' Pension and Annuity Fund, and the Board of Trustees of the Police and Firemen's Retirement System of New Jersey is changed to four members elected by the boards from the active members of their respective retirement systems or from the retirees of those systems who are receiving a retirement allowance. The term of these members is increased from one to three years. The member from the Consolidated Police and Firemen's Pension Fund Commission is eliminated.

The two members appointed from the persons nominated by the AFL-CIO and the NJEA will be qualified by training, experience or long-term interest in the direct management, analysis, supervision, or investment of assets. This training, experience or long-term interest is to have been supplemented by academic training in the fields of economics, business, law, finance or actuarial science or by actual employment in those fields. At least five of the seven members appointed by the Governor with the advice and consent of the Senate and from persons nominated by the General Assembly Speaker or Senate President will be qualified by training and experience in the direct management, analysis, supervision or investment of assets, provided that this training and experience has been acquired through academic training or through actual employment in those fields.

The terms of the members of the council serving on the 30th day after the bill takes effect, other than the five members appointed by the Governor with the advice and consent of the Senate to serve for terms of five years and the one member appointed by the Governor from persons nominated jointly by the President of the Senate and the Speaker of the General Assembly to serve for a term of five years, are terminated.

The amendment in section 51 of the bill requires the members of the State Investment Council to file the same annual financial disclosure statements as those required to be filed by members of other State boards and commissions who are not compensated for their services, as required by law or executive order of the Governor. The financial disclosure statements of council members will be made available to the public in the same manner as the statements of members of other State boards and commissions are made available to the public.

The amendment requires the council to issue a report by March 1 of each year, in addition to the reports already required by law, on the investment activities for the prior calendar year, to include a summary of the current investment policies and strategies of the council and those in effect during the prior calendar year, a detailed summary for each financial product of the amount invested, whether the investments were made by employees of the Division of Investment or by external managers, performance benchmarks, and actual performance during the calendar year. The report is to be submitted to the Governor, the Legislature, and the State Treasurer, and made available to the public through the official Internet site of the State.

The council is required to hold an open public meeting each year, and accept comments from the public at such a meeting. The matters that will be open to discussion and public comment during this annual meeting will include the investment policies and strategies of the council, the investment activities of the council, the financial disclosure statements filed by council members, and the certification of contributions filed by external managers, as well as other appropriate matters concerning the operations, activities and reports of the council.

Finally, the amendment requires an external manager to file a certification before being retained and annually thereafter that discloses the political contributions made during the 12 months preceding the certification by the manager or the manager's firm, or a political committee in which the manager or firm was active. The certification must specify the political contributions made to candidates for elective public office in this State and any political committee established for the support of such a candidate, and contributions made for the transition and inaugural expenses of any candidate who is elected to public office. As used here, "contribution" and "political committee" will have the meaning set forth in "The New Jersey Campaign Contributions and Expenditures Reporting Act," P.L.1973, c.83 (C.19:44A-1 et seq.).

FISCAL IMPACT:

As amended, this bill would increase the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), for specified members of the Public Employees' Retirement System (PERS), and for the Defined Contribution Retirement Program (DCRP) from five percent of annual compensation to five and one-half percent of annual compensation. For State and education employees, currently enrolled in these systems, the increase will be effective with the next payroll period that begins immediately after July 1, 2007. County and municipal employees, which account for approximately 44 percent of all local government PERS members, will contribute the additional one-half of one percent of annual compensation beginning July1, 2008. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services' FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, the estimated increase in annual employee contributions for the first year would total approximately \$101.3 million:

PERS-State	\$22.8 million
PERS	\$33.7 million
<u>TPAF</u>	<u>\$44.8 million.</u>
Total	\$101.3 million

However, the bill, as amended, would defer the judicial, county and municipal employee additional contribution of one-half of one percent until July 1, 2008. As a result, the estimated fiscal impact of this bill in the first year would be \$84.1 million.

PERS-State less Judicial Branch members	\$20.4 million
PERS-Local less county, municipal members	\$18.9 million
TPAF	\$44.8 million.
Total	\$84.1 million

It should be noted, however, that this estimate does not include a reduction for employees of UMDNJ for which the increase is also delayed to July 1, 2008.

Under current law, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55, but the member's retirement allowance is reduced by three percent per year for each year (1/4 of one percent per month) the member lacks of being age 55. This bill would change the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members of the systems on or after July 1, 2007. While such a new member who accrues 25 or more years of service will be able to retire before the service retirement age of 60, the member's retirement allowance would be reduced by one percent per year for each year (1/12 of one percent per month) the member lacks of being age 60 but over age 55 and by three percent per year for each year (1/4 of one

percent per month) the member lacks of being age 55. This provision would produce future pension savings. However, at this time, the number of employees who would enter the specified retirement systems on or after July 1,2007, the number of those employees who would remain in the system long enough to earn meaningful retirement benefits and finally, the number of employees who would elect the "early retirement" options cannot be determined to provide an estimate.

This bill would impose a maximum on compensation for pension contributions for TPAF and PERS members who enter the pension system on or after July 1, 2007. The maximum compensation allowable for contribution in TPAF and PERS would be equivalent to the annual maximum wage contribution base for Social Security as specified. For 2007, that amount is \$97,500. A new member for whom this annual maximum is achieved in any year would become a participant of the newly created Defined Contribution Retirement Program (DCRP). For any amounts earned over the Social Security cap, employee contributions of five and one-half percent would be contributed to the DCRP, unless the participant elects to waive participation, as permitted. The savings associated with this provision are not able to be determined at this time. This is because the factors, i.e., the number of employees who would earn \$97,500 or more beginning July 1, 2007, the inflation rate, the growth in salaries over time, and the increase in the Social Security annual maximum wage contribution, that would be used to estimate the savings are either unknown or dynamic.

In addition, this bill would amend the State Health Benefits Specifically, the bill would create and grant Program (SHBP). authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs) without a Traditional Plan component. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, while there are savings associated with the elimination of the Traditional Plan for State employees and the elimination of the gatekeeper in NJ PLUS, which has a much larger State employee enrollment, there are expected offsetting costs. For State employees, most of the medical plan cost savings known at this time will come from other plan changes (such as increases in office visit and emergency room co-pays). The primary source of State savings is, therefore, attributable to negotiated increases in office visit and prescription drug co-pays and employee premium-share.

Under the plan to amend the State Health Benefits Program, the bill would establish a State employee contribution of one and one-half percent of the employee's base salary toward the cost of the employee's chosen health coverage. The Department of Treasury estimates that the value of the one and one-half percent employee

contribution for health coverage for all State employees including colleges and universities is approximately \$91 million for FY 2008. The current premium-sharing agreement produces approximately \$33 million, for a net savings of \$58 million under the new cost-sharing scenario. However, as amended, the bill would waive the one and one-half percent health benefits contribution for specified retirees who retire on or after July 1, 2007 and who enroll in a New Jersey Retiree's Wellness Program that is yet to be established. At this time, an estimate of the impact of waiving retirees' contributions cannot be made because the wellness program has not yet been established.

FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3004 STATE OF NEW JERSEY 212th LEGISLATURE

DATED: JULY 9, 2007

SUMMARY

Synopsis: Changes PERS, TPAF and DCRP contribution rates and new

employees' compensation base and retirement age; implements changes to SHBP and transfer of education employees to School Employees' Health Benefits Program; modifies State Investment

Council.

Type of Impact: Potential State and Local Government Expenditure Decrease.

Agencies Affected: Department of the Treasury, Division of Pensions and Benefits; Local

Governments; School Districts.

Office of Legislative Services Estimate

Fiscal Impact*	<u>FY 2008</u>	FY 2009	<u>FY 2010</u>
PERS/TPAF			
Contributions	\$84,100,000	104,300,000	107,951,000
State Revenue	\$58,000,000	59,740,000	61,831,000

^{*} The FY 2009 and 2010 figures have been calculated assuming salary increases of 3 percent in FY 2009 and 3.5 percent in FY 2010. Changes in employment levels are not able to be determined at this time. As a result, these figures have not been adjusted to reflect those changes.

- Increases from 5 to 5.5 percent the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), the Public Employees' Retirement System (PERS), and the Defined Contribution Retirement Program (DCRP).
- Revises the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members on or after July 1, 2007.
- Imposes a cap on compensation for contributions and benefits in TPAF and PERS that is pegged to the annual maximum wage contribution base for Social Security for teachers and public employees who become members of PERS and TPAF on or after July 1, 2007.
- Establishes a State employee contribution, for employees not represented by unions, of 1.5 percent of the employee's base salary toward the cost of the employee's chosen health



coverage under the State Health Benefits Program (SHBP) beginning July 1, 2007; provides for a contribution from all other State employees as determined in collective negotiations agreements.

- Grants authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs), with certain benefit levels, without a Traditional Plan component.
- Creates a School Employees' Health Benefits Program for educational employees, with certain benefit levels, with a new commission to operate the program.

BILL DESCRIPTION

Senate Bill No. 3004 (1R) of 2007 increases from 5 to 5.5 percent the member contribution rate for the Teachers' Pension and Annuity Fund (TPAF), the Public Employees' Retirement System (PERS), and the Defined Contribution Retirement Program (DCRP) beginning July 1, 2007. However, it defers the increase for county, municipal, judicial, and UMDNJ employees until July 1, 2008.

Under current law, a member of TPAF or PERS with 25 or more years of service is able to retire before the "early retirement" age of 55. However, if a member retires before turning 55, the retirement allowance is reduced by 3 percent per year for each year prior to turning 55 years of age. This bill reduces retirement allowances under the "early retirement" provisions of the TPAF and PERS for teachers and public employees who become members on or after July 1, 2007. For these employees who retire with 25 years or more of service, the member's retirement allowance will be reduced by 1 percent for each year prior to turning 60 and by 3 percent per year for each year prior to turning 55 years of age.

Under current law, base salary is used for members of PERS and TPAF to determine contributions and benefits. This bill imposes a cap on base salary pegged to the annual maximum wage contribution base for Social Security, and requires that for amounts earned above the Social Security annual maximum wage contribution, a person will be eligible for membership in the DCRP with regard to the portion of the salary over the maximum.

This bill requires a State employee contribution of 1.5 percent of the employee's base salary, or of a monthly retirement allowance for certain retired State employees, toward the cost of the chosen health coverage under SHBP for employees who are not represented by unions. For all other State employees, and county, municipal, and school district employees, the contribution will be determined by collective negotiations agreements. For State retirees, the contribution will not take effect until a Retirees' Wellness Program is created by the SHBP and the contribution will be waived for retirees who participate in the program.

This bill amends the SHBP statutes to remove the requirement for a Traditional Plan for healthcare contracts purchased after June 30, 2007 and to reflect changes to the program to be implemented as the result of certain collective bargaining agreements, and discussions with representatives of public school teachers. Specifically, the bill grants authority to the State Health Benefits Commission to contract for the administration of preferred provider organizations (PPOs), with certain benefit levels, without a Traditional Plan component. A PPO is a network of health care providers from whom an enrollee may obtain services without a gatekeeper physician for a co-payment fee, with services outside of the network being more expensive.

The bill also provides for the creation of a School Employees' Health Benefits Program, with certain benefit levels, to be operated by a new commission.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

This bill increases the member contribution rate for TPAF, PERS, and DCRP from 5 to 5.5 percent of annual compensation. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services' FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, the estimated increase in annual employee contributions for the first year, for PERS and TPAF system members, would total approximately \$101.3 million:

PERS-State	\$22.8 million
PERS-Local	\$33.7 million
<u>TPAF</u>	\$44.8 million
Total	\$101.3 million

However, the bill defers the judicial, county, and municipal employee additional contribution until July 1, 2008. As a result, the estimated increase in annual employee contributions in the first year would total approximately \$84.1 million.

PERS-State, less Judicial Branch employees	\$20.4 million
PERS-Local, less county, municipal employees	\$18.9 million
<u>TPAF</u>	\$44.8 million
Total	\$84.1 million

It should be noted, however, that this estimate does not include a reduction for employees of UMDNJ for whom the increase is also delayed to July 1, 2008.

This bill changes the "early retirement" provisions of the TPAF and PERS for retirement eligible teachers and public employees who become members of the systems on or after July 1, 2007. This provision would produce future pension savings. However, at this time, the number of employees who would enter the specified retirement systems on or after July 1, 2007, the number of those employees who would remain in the system long enough to earn meaningful retirement benefits and, finally, the number of employees who would elect the "early retirement" options cannot be determined to provide an estimate.

This bill imposes a maximum on compensation for pension contributions and benefits for TPAF and PERS members who enter the pension system on or after July 1, 2007 based on the annual maximum wage contribution base for Social Security. For 2007, that amount is \$97,500. For any amounts earned over the Social Security cap, the employee will participate in the DCRP, unless the participant elects to waive participation, as permitted. The savings associated with this provision are not able to be determined at this time. This is because the factors, i.e., the number of employees who would earn \$97,500 or more beginning July 1, 2007, the inflation

rate, the growth in salaries over time, and the increase in the Social Security annual maximum wage contribution, that would be used to estimate the savings are either unknown or dynamic.

In addition, this bill amends the SHBP. According to the Department of Treasury's responses to the Discussion Points in the Office of Legislative Services FY 2007-2008 Interdepartmental Accounts Analysis of the Governor's Budget, while there are savings associated with the elimination of the Traditional Plan for State employees and the elimination of the gatekeeper in NJ PLUS, which has a much larger State employee enrollment, there are expected offsetting costs. For State employees, most of the medical plan cost savings known at this time will come from other plan changes (such as increases in office visit and emergency room co-pays). The primary source of State savings is, therefore, attributable to negotiated increases in office visit and prescription drug co-pays and employee cost sharing.

Under the plan to amend the SHBP, the bill establishes a State employee and State retiree, contribution of 1.5 percent of the employee's base salary toward the cost of the employee's chosen health coverage. The Department of Treasury estimates that the value of the 1.5 percent employee contribution for healthcare coverage for all State employees, including colleges and universities, is approximately \$91 million for FY 2008. The current premium-sharing agreement produces approximately \$33 million, for a net savings of \$58 million under the new cost-sharing scenario. The bill waives the 1.5 percent health benefits contribution for specified retirees who retire on or after July 1, 2007 and who enroll in a New Jersey Retiree's Wellness Program that is yet to be established. At this time, an estimate of the impact of waiving retirees' contributions cannot be made because the wellness program has not yet been established.

Section: State Government

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This fiscal estimate has been prepared pursuant to P.L.1980, c.67.

NEW JERSEY LEGISLATURE NEWS RELEASE



FOR RELEASE:

June 6, 2006

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CODEY, ROBERTS ANNOUNCE PLANS FOR SPECIAL SESSION ON PROPERTY TAXES

Legislature to Convene Bicameral, Bipartisan Joint Committees in July; Final Action on Property Tax Relief Measures Expected by End of Year

(TRENTON) – Senate President Richard J. Codey and Assembly Speaker Joseph J. Roberts, Jr., today announced plans for an unprecedented special legislative session that would work throughout the summer and fall with the goal of enacting property tax reforms by the end of this year.

The announcement lays out an unparalleled framework to bring about legislative measures and corresponding action aimed at reducing the property tax burdens of New Jersey residents. It would mark the first time in state history that the Legislature will create special bicameral committees tasked with looking at the property tax problem from all angles.

"For too long property owners have been getting blitzed with taxes advancing further and further. It's time that we not only hold the line, but push them back," said Codey (D-Essex). "Unless we attempt to create greater efficiency and reduce spending at the local levels, we will only be chasing our tails."

"Since New Jersey's homeowners don't get a vacation from high property taxes, the Legislature shouldn't get one either," said Roberts (D-Camden). "Solving the problem of sky-high property taxes cannot be left to one person, one party, or one half of the Legislature. Today we are launching a full-court press to make major repairs to New Jersey's broken property tax system."

The special legislative session process would begin in July when Governor Corzine would frame out the goals and expectations in an address to a joint session of the Legislature.

(MORE)

Following the Governor's address, the Senate and Assembly both would pass joint resolutions to create four bicameral, bipartisan joint committees:

- Joint Committee on School Funding. This panel would expand upon the
 Assembly task force that Speaker Roberts initially proposed in his recent CORE
 Reform Plan. This joint committee would seek to implement reforms to the
 current school funding formula to mitigate disparities and inequalities between
 urban and suburban/rural schools, among other changes;
- Joint Committee on Benefits Reform. The committee would use the recommendations from the Pension and Benefits Review Task Force, convened last year by Governor Codey, as the basis for legislative proposals to end abuses of the public benefit system and control benefits costs statewide;
- Joint Committee on Government Consolidation and Shared Services. This joint committee would serve as a launch pad for drafting measures to promote service sharing at all levels of government and examine potential consolidation of certain state government functions;
- Joint Committee on a Citizens' Convention and Constitutional Reform. The committee would address property tax issues that require constitutional remedies with the goal of laying the groundwork for a Citizen's Convention that would be put to the voters on the November 2007 ballot.

The joint committees would immediately begin work on developing legislative proposals, with a deadline for completing their work by September 30. The proposals would be forwarded to the Legislature's standing committees with the goal of achieving final legislative action by the end of the year.

Codey and Roberts said the plan was created in consultation with Governor Jon S. Corzine, who has called for both a special session and constitutional convention to tackle the state's decades-old problem of repressively high property taxes.

The leaders noted that the measures would be crafted jointly by both the Senate and Assembly, providing insurance against legislative gridlock and increasing the session's chances of success.

Unlike past special sessions – which historically have dissolved into political grandstanding – the Codey/Roberts plan's bicameral and bipartisan approach would ensure careful deliberation and discussion of all ideas.

"History has shown us that most partisan legislative initiatives are rarely successful," said Codey. "Both houses working together, side by side, will be far more efficient and more meaningful."

"In the end, taxpayers won't especially care whether this is called a 'special session,'
'special committees,' or 'special process' unless there are real results," said Roberts. "This must
be a process of meeting deadlines, not dead ends."