52:14-17:32i to 52:14-32k

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF:

1997

CHAPTER: 330

NJSA:

52:14-17:32i to 52:14-32k

(Retiremement benefits—police & fire)

BILL NO:

A3258

SPONSOR(S): Kelly

DATE INTRODUCED: December 4, 1997

COMMITTEE:

ASSEMBLY:

Appropriations

SENATE:

AMENDED DURING PASSAGE:

No

Senate Committee Substitute enacted

DATE OF PASSAGE:

ASSEMBLY:

December 4, 1997

SENATE:

December 18, 1997

DATE OF APPROVAL:

January 9, 1998

FOLLOWING ARE ATTACHED IF AVAILABLE:

SPONSORS STATEMENT:

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

Yes

SENATE:

No

FISCAL NOTE: VETO MESSAGE:

Yes

MESSAGE ON SIGNING:

No No

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

Yes

"State to help pay health benefits for police," 1-10-98, Asbury Park Press.

KBP:pp

§§1-3 C. 52:14-17.32i To 52:14-17.32k §5 T & E §6 Note To §§1-5

P.L. 1997, CHAPTER 330, approved January 9, 1998 Assembly Committee Substitute for Assembly, No. 3258

l AN ACT concerning healt	n benefits coverage	under the	State Health
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- 2 Benefits Program of certain retired members of the Police and
- Firemen's Retirement System of New Jersey, the Public Employees'
- 4 Retirement System of New Jersey and the Consolidated Police and
- 5 Firemen's Pension Fund, amending P.L.1977, c.85 and
- 6 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. (New section) a. A qualified retiree from the Police and Firemen's Retirement System of New Jersey (C.43:16A-1 et seq.), hereinafter referred to as PFRS, the Consolidated Police and Firemen's Pension Fund (C.43:16-1 et seq.), hereinafter referred to as CPFPF, or the Public Employees' Retirement System of New Jersey (C.43:15A-1 et seq.), hereinafter referred to as PERS, and dependents, as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), of a qualified retiree, are eligible to participate in the program, in accordance with the law and rules governing the program, except as otherwise provided by this act, regardless of whether the retiree's employer participated in the program.

A qualified retiree is a retiree who:

- (1) retired on a benefit based on 25 or more years of service credit in PFRS or CPFPF, or in PERS as a law enforcement officer as defined in section 1 of P.L.1955, c.257 (C.43:15A-97) or in a position eligible for participation in PFRS as provided in section 9 of P.L.1989, c.204 (C.43:16A-1.2); or
- (2) retired on a disability retirement under PFRS or CPFPF, or under PERS as a law enforcement officer or in a position eligible for participation in PFRS, based on fewer years of service credit; and
- 31 (3) was eligible to receive health benefits coverage at the expense 32 of the employer of the person immediately preceding retirement.

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 thus is new matter.

- b. The State shall pay the amount of the premium or periodic charges for the coverage for the qualified retiree and dependents, but not including survivors, equal to 80 percent of the premium or periodic charges for the category of coverage elected by the qualified retiree under the State managed care plan or a health maintenance organization participating in the program which provides services in the 21 counties in the State, whichever provides the lower premium or periodic charge. The qualified retiree shall pay the difference between the premium or periodic charge for the coverage and the amount paid by the State.
- c. The State Health Benefits Commission shall annually certify to the State the cost for providing health benefits coverage to qualified retirees 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.
- d. The provisions of this section shall not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State pursuant to section 8 of P.L.1961, c.49 (C.52:14-17.32) or section 6 of P.L.1996, c.8 (C.52:14-17.28b); and (2) a retiree of an employer other than the State which pays the premium or periodic charges for health care benefits for eligible retirees pursuant to section 7 of P.L.1964, c.125 (C.52:14-17.38) or N.J.S.40A:10-23 on the effective date of P.L. , c. (C.) (now pending before the Legislature as this bill).

2. (New section) A qualified retiree shall be eligible for the benefits provided by P.L., c. (C.) (now pending before the Legislature as this bill) at the time of retirement, or at the time the qualified retiree becomes eligible for Medicare. A qualified retiree receiving health benefits coverage from an employer after retirement shall be ineligible for the benefits under this act.

3. (New section) No provision of this act shall be deemed to replace, supersede or modify retiree health care benefits provided by an employer by negotiated agreement, ordinance or resolution.

- 4. Section 5 of P.L.1977, c.85 (C.34:13A-18) is amended to read as follows:
- 5. The arbitrator shall not issue any finding, opinion or order regarding the issue of whether or not a public employer shall remain as a participant in the New Jersey State Health Benefits Program or any governmental retirement system or pension fund, or statutory retirement or pension plan; nor, in the case of a participating public employer, shall the arbitrator issue any finding, opinion or order regarding any aspect of the rights, duties, obligations in or associated

ACS for A3258

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with the New Jersey State Health Benefits Program or any 1 2 governmental retirement system or pension fund, or statutory 3 retirement or pension plan; nor shall the arbitrator issue any finding. opinion or order reducing, eliminating or otherwise modifying retiree benefits which exist as a result of a negotiated agreement, ordinance or resolution because of the enactment of legislation providing such benefits for those who do not already receive them. (cf: P.L.1977, c.85, s.5) 10 5. (New section) Any qualified retiree who retired prior to the effective date of this act, P.L. ,c. (C.) (now pending before the 11 12 Legislature at this bill) shall be eligible for the coverage provided by 13 section 1 of the act if the employee applies to the program for it within one year after the effective date of this act. 14 15 16 6. This act shall take effect on the first day of the sixth month 17 following enactment. 18 19 20 21

Provides certain contributory SHBP benefits to certain PFRS, CPFPF

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and PERS retirees.

ASSEMBLY, No. 3258

STATE OF NEW/JERSEY

INTRODUCED DECEMBER 4, 1997

By Assemblyman KELLY

AN ACT concerning health benefits coverage under the State Health
Benefits Program of certain retired members of the Police and
Firemen's Retirement System of New Jersey and the Public
Employees' Retirement System of New Jersey and supplementing
P.I. 1961 c 49 (C 52:14-17.25 et seg.)

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

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1. a. A qualified retiree from the Police and Firemen's Retirement System of New Jersey (C.43:16A-1 et seq.), and a qualified retiree from the Public Employees' Retirement System of New Jersey (C.43:15A-1 et seq.) whose service was as a law enforcement officer as defined in section 1 of P.L.1955, c.257 (C.43:15A-97) or as a policeman as defined in section 1 of P.L.1944, c.255 (C.43:16A-1), and dependents of a qualified retiree, including surviving dependents, are eligible to participate at any time in a State managed care plan for retirees in the program, regardless of whether the retiree's employer participated in the program.

A qualified retiree is a retiree who:

- 21 (1) retired on a benefit based on 25 or more years of service credit; 22 or
- 23 (2) retired on a disability retirement based on fewer years of 24 service credit.
- A retiree who elected deferred retirement is not a qualified retiree.
- b. A State managed care plan for retirees is a State managed careplan which:
- 28 (1) provides services in the 21 counties in the State through a 29 network of doctors and other providers, with no deductible for 30 services provided in the network; and
- 31 (2) provides for payment or reimbursement for services and 32 supplies obtained outside the network.
- The program shall reimburse a qualified retiree, or a surviving dependent of a qualified retiree, who participates in the State managed care plan for retirees 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, or a surviving dependent of a qualified retiree, shall pay 20 percent of the premium or periodic charges of the State managed care plan for retirees for benefits provided to a qualified retiree and the dependents of the retiree, or surviving dependents, as the case may be. The State shall pay 80 percent of the premium or periodic charges of the State managed care plan for retirees for benefits provided to a qualified retiree and the dependents of the retiree, or surviving dependents, as the case may be, and the full cost for reimbursement of Medicare premiums.

If a qualified retiree, or a surviving dependent of a qualified retiree, shall elect to participate in the traditional plan of the program, the retiree or surviving dependent shall pay, in addition to the amount specified above, the amount of the difference between the cost of the premium or periodic charges for the traditional plan and the premium or periodic charges of the State managed care plan for retirees.

- c. The State Health Benefits Commission shall annually certify to the State the cost for providing health benefits coverage to qualified retirees and their dependents, or surviving dependents, as the case may be, under this section. The State shall annually remit to the commission the amount certified at a time specified by the State Treasurer.
- d. The provisions of this section shall not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State pursuant to section 8 of P.L.1961, c.49 (C.52:14-17.32) or section 6 of P.L.1996, c.8 (C.52:14-17.28b); (2) a retiree whose premium or periodic charges for benefits under the program are paid by an employer other than the State pursuant to section 7 of P.L.1964, c.125 (C.52:14-17.38); (3) a retiree whose health care benefits are paid by an employer other than the State pursuant to N.J.S.40A:10-23; and (4) a retiree whose health care benefits were paid by an employer other than the State pursuant to section 7 of P.L.1964, c.125 (C.52:14-17.38) or N.J.S.40A:10-23 commencing prior to January 1, 1997, and are so paid on the effective date of P.L., c. (C.) (now pending before the Legislature as this bill).

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2. The commission shall enter into a contract under the "New Jersey State Health Benefits Program Act," P.L.1961, c.49 (C.52:14-17.25 et seq.) for a State managed care plan for retirees in the program pursuant to section 1 of P.L., c. (C.) (now pending before the Legislature as this bill), for which the premium or periodic charges shall not be greater than the average of the premiums or periodic charges of the State managed care plans of the program.

3. This act shall take effect on the first day of the fourth month following enactment.

STATEMENT

This bill provides post-retirement health care benefits in a State managed care plan for retirees in the State Health Benefits Program (SHBP) to a qualified retiree from the Police and Firemen's Retirement System, and a qualified retiree from the Public Employees' Retirement System whose service was in law enforcement, and dependents of a qualified retiree, including surviving dependents, at any time, regardless of whether the retiree's employer participated in the program.

The bill defines a qualified retiree as a retiree who (1) retired on a benefit based on 25 or more years of service credit; or (2) retired on a disability retirement based on fewer years of service credit. A retiree who elected deferred retirement is not a qualified retiree. A State managed care plan for retirees is defined as a State managed care plan which provides services in the 21 counties in the State through a network of doctors and other providers, with no deductible for services provided in the network, and provides for payment or reimbursement for services and supplies obtained outside the network.

The bill provides that (1) a qualified retiree, or a surviving dependent of a qualified retiree, shall pay 20 percent of the premium or periodic charges of the State managed care plan for retirees; (2) SHBP shall reimburse a qualified retiree, or a surviving dependent of a qualified retiree, for Part B Medicare premium charges; and (3) the State shall pay 80 percent of the premium or periodic charges of the State managed care plan for retirees and the full cost for reimbursement of Medicare premiums. The bill also provides that if a qualified retiree, or a surviving dependent of a qualified retiree, shall elect to participate in the SHBP traditional plan, the retiree or surviving dependent shall pay, in addition, the amount of the difference between the cost of the premium or periodic charges for the traditional plan and the premium or periodic charges of the State managed care plan for retirees.

The provisions of this bill, however, shall not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State pursuant to N.J.S.A.52:14-17.32 or N.J.S.A.52:14-17.28b; (2) a retiree whose premium or periodic charges for benefits under the program are paid by an employer other than the State pursuant to N.J.S.A.52:14-17.38; (3) a retiree whose health care benefits are paid by an employer other than the State pursuant to N.J.S.A.40A:10-23; and (4) a retiree whose health care benefits were paid by an employer other than the State pursuant to N.J.S.A.52:14-17.38 or N.J.S.A.40A:10-23 commencing prior to January 1, 1997 and are so paid on the effective date of the bill.

The bill requires that SHBP enter into a contract for a State managed care plan for retirees for which the premium or periodic charges shall not be greater than the average of the premiums or periodic charges of the other SHBP State managed care plans.

Provides contributory SHBP managed care plan to certain PFRS and PERS retirees.

[Passed Both Houses]

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 3258

STATE OF NEW JERSEY

ADOPTED DECEMBER 11, 1997

Sponsored by Assemblymen KELLY, DORIA, Felice, Blee,

	Senators Kyrillos and Kenny
1	AN ACT concerning health benefits coverage under the State Health
2	Benefits Program of certain retired members of the Police and
3	Firemen's Retirement System of New Jersey, the Public Employees
4	Retirement System of New Jersey and the Consolidated Police and
5	Firemen's Pension Fund, amending P.L.1977, c.85 and
6	supplementing P.L.1961, c.49 (C.52:14-17.25 et seq.).
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8	BE IT ENACTED by the Senate and General Assembly of the State
9	of New Jersey:
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11	1. (New section) a. A qualified retiree from the Police and
12	Firemen's Retirement System of New Jersey (C.43:16A-1 et seq.)
13	hereinafter referred to as PFRS, the Consolidated Police and Firemen's
14	Pension Fund (C.43:16-1 et seq.), hereinafter referred to as CPFPF.
15	or the Public Employees' Retirement System of New Jersey
16	(C.43:15A-1 et seq.), hereinafter referred to as PERS, and dependents.
17	as defined in section 2 of P.L.1961, c.49 (C.52:14-17.26), of a
18	qualified retiree, are eligible to participate in the program, in
19	accordance with the law and rules governing the program, except as
20	otherwise provided by this act, regardless of whether the retiree's
21	employer participated in the program.
22	A qualified retiree is a retiree who:
23	(1) retired on a benefit based on 25 or more years of service credit
24	in PFRS or CPFPF, or in PERS as a law enforcement officer as

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

defined in section 1 of P.L.1955, c.257 (C.43:15A-97) or in a position

eligible for participation in PFRS as provided in section 9 of P.L.1989,

(2) retired on a disability retirement under PFRS or CPFPF, or

Matter underlined thus is new matter.

c.204 (C.43:16A-1.2); or

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under PERS as a law enforcement officer or in a position eligible for participation in PFRS, based on fewer years of service credit; and

- (3) was eligible to receive health benefits coverage at the expense of the employer of the person immediately preceding retirement.
- b. The State shall pay the amount of the premium or periodic charges for the coverage for the qualified retiree and dependents, but 6 not including survivors, equal to 80 percent of the premium or periodic charges for the category of coverage elected by the qualified retiree under the State managed care plan or a health maintenance organization participating in the program which provides services in the 21 counties in the State, whichever provides the lower premium or periodic charge. The qualified retiree shall pay the difference between the premium or periodic charge for the coverage and the amount paid by the State.
 - c. The State Health Benefits Commission shall annually certify to the State the cost for providing health benefits coverage to qualified retirees 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.
 - d. The provisions of this section shall not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State pursuant to section 8 of P.L.1961, c.49 (C.52:14-17.32) or section 6 of P.L.1996, c.8 (C.52:14-17.28b); and (2) a retiree of an employer other than the State which pays the premium or periodic charges for health care benefits for eligible retirees pursuant to section 7 of P.L.1964, c.125 (C.52:14-17.38) or N.J.S.40A:10-23 on the effective date of P.L., c. (C.) (now pending before the Legislature as this bill).

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2. (New section) A qualified retiree shall be eligible for the benefits provided by P.L., c. (C.) (now pending before the Legislature as this bill) at the time of retirement, or at the time the qualified retiree becomes eligible for Medicare. A qualified retiree receiving health benefits coverage from an employer after retirement shall be ineligible for the benefits under this act.

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3. (New section) No provision of this act shall be deemed to replace, supersede or modify retiree health care benefits provided by an employer by negotiated agreement, ordinance or resolution.

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- 4. Section 5 of P.L.1977, c.85 (C.34:13A-18) is amended to read as follows:
- 43 5. The arbitrator shall not issue any finding, opinion or order 44 regarding the issue of whether or not a public employer shall remain 45 as a participant in the New Jersey State Health Benefits Program or

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1	any governmental retirement system or pension fund, or statutory
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2	retirement or pension plan; nor, in the case of a participating public
3	employer, shall the arbitrator issue any finding, opinion or order
4	regarding any aspect of the rights, duties, obligations in or associated
5	with the New Jersey State Health Benefits Program or any
6	governmental retirement system or pension fund, or statutory
7	retirement or pension plan; nor shall the arbitrator issue any finding,
8	opinion or order reducing, eliminating or otherwise modifying retiree
9	benefits which exist as a result of a negotiated agreement, ordinance
10	or resolution because of the enactment of legislation providing such
11	benefits for those who do not already receive them.
12	(cf: P.L.1977, c.85, s.5)
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14	5. (New section) Any qualified retiree who retired prior to the
15	effective date of this act, P.L. ,c. (C.) (now pending before the
16	Legislature at this bill) shall be eligible for the coverage provided by
17	section 1 of the act if the employee applies to the program for it within
18	one year after the effective date of this act.
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20	6. This act shall take effect on the first day of the sixth month
21	following enactment.
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26	Provides certain contributory SHBP benefits to certain PFRS, CPFPF
27	and PERS retirees.
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ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 3258

STATE OF NEW JERSEY

DATED: DECEMBER 11, 1997

The Assembly Appropriations Committee reports favorably Assembly Committee Substitute for Assembly Bill No. 3258.

The Assembly Committee Substitute for Assembly Bill No. 3258 provides post-retirement health care benefits in the State Health Benefits Program (SHBP) to a qualified retiree from the Police and Firemen's Retirement System (PFRS) or the Consolidated Police and Firemen's Retirement System (CPFPF), or from the Public Employees' Retirement System (PERS) if the retiree's service was as a law enforcement officer or in a position eligible for participation in PFRS, and to dependents of a qualified retiree, but not including survivors, regardless of whether the retiree's employer participated in the program.

The bill defines a qualified retiree as a retiree who (1) retired on a benefit based on 25 or more years of service credit in PFRS or CPFPF, or in PERS as a law enforcement officer as defined in N.J.S.A.43:15A-97 or in a position eligible for participation in PFRS; or (2) retired on a disability retirement under PFRS or CPFPF, or under PERS as a law enforcement officer or in a position eligible for participation in PFRS, based on fewer years of service credit.

The bill provides that the State shall pay 80 percent of the premium or periodic charges for the category of coverage elected by the qualified retiree under the State managed care plan (NJ Plus) or a health maintenance organization participating in the program which provides services in the 21 counties in the State, whichever provides the lower charge. The qualified retiree shall pay the difference between the premium or periodic charge for the coverage and the amount paid by the State.

Any qualified retiree who retired prior to the effective date of this act, P.L. ,c. Shall be eligible for the coverage provided by section 1 of the act if the employee applies to the program for it within one year after the effective date of this act.

The provisions of the bill, however, shall not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State pursuant to N.J.S.A.52:14-17.32 or N.J.S.A.52:14-17.28b; and (2) a retiree of an employer other than the

State which pays the premium or periodic charges for health care benefits for eligible retirees pursuant to N.J.S.A.52:14-17.38 or N.J.S.A.40A:10-23 on the effective date of the bill.

The bill states that no provision of the act shall be deemed to replace, supersede or modify retiree health care benefits provided by an employer by negotiated agreement, ordinance or resolution. The bill also provides that an arbitrator in a compulsory interest arbitration proceeding shall not issue any finding, opinion or order reducing, eliminating or otherwise modifying retiree benefits which exist as a result of a negotiated agreement, ordinance or resolution because of the enactment of legislation providing such benefits for those who do not already receive them.

FISCAL IMPACT:

The Department of Treasury, Division of Pensions and Benefits has not provided any fiscal data on this bill.

LEGISLATIVE FISCAL ESTIMATE TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 3258

STATE OF NEW JERSEY

DATED: JANUARY 2, 1998

Assembly Committee Substitute for Assembly Bill No. 3258 of 1997 provides post-retirement medical (PRM) benefits in the State Health Benefits Program (SHBP) to retirees of the Police and Firemen's Retirement System (PFRS), the Consolidated Police and Firemen's Pension Fund (CP&FPF) and retirees of the Public Employees' Retirement System (PERS) whose service was in law enforcement or in a position eligible for participation in PFRS, and dependents of a qualified retiree, but not including survivors, regardless of whether the retiree's employer participated in the SHBP. The bill defines a qualified retiree as a retiree who retired with 25 or more years of service credit or on a disability retirement allowance.

The bill provides that the State shall pay 80 percent of the premium or periodic charges for the category of coverage elected by the qualified retiree under the State managed care plan (NJ Plus) or a health maintenance organization participating in the SHBP which provides services in all 21 counties, whichever provides the lower charge. The qualified retiree shall pay the difference between the premium or periodic charge for the coverage and the amount paid by the State.

The provisions of the bill, however, do not apply to (1) a retired State employee whose premium or periodic charges for benefits under the program are paid by the State; and (2) a retiree of an employer other than the State which already provides retiree coverage as part of a collective bargaining agreement.

The Office of Legislative Services (OLS) notes that, under current law, local governments have the option of providing health insurance coverage for retirees as part of each local government's collective bargaining agreement with the unions representing police and firefighters. (State employees already receive State-paid PRM benefits; however, this benefit is negotiable.) The negotiated agreements currently in place range from no employer contribution for PRM benefits to full employer-paid PRM benefits. As a result, it is impossible to estimate the number of qualified retirees who would elect to participate in this program at this time.

The OLS notes that PRM benefits are payable over the remaining lifetime of the retiree. Because PFRS members can retire at any age after 25 years of service at 65 percent of final compensation, these individuals could qualify for State-paid PRM benefits as young as age 45. The present-value cost of providing lifetime PRM benefits (NJ

Plus or an HMO) to a PFRS member retiring at age 50, with the retiree paying 20 percent of the annual premium, is between \$61,000 (for husband and wife coverage) and \$72,000 (for family coverage).

According to the July 1, 1995 actuarial valuation of the retirement system, the most recent valuation, there are 15,609 retirees currently receiving a PFRS pension. The OLS estimates that approximately 86 percent of all PFRS retirees have 25 or more years of service or are retired on a disability pension. By applying this percentage to the estimated 15,609 retirees, we can estimate that approximately 13,424 retirees constitute the total current "universe" of potential PFRS qualifiers for State-paid PRM benefits. (The OLS notes that the PFRS totals include State and local government employees. The dollar estimates have been adjusted to recognize that State employees already receive State-paid PRM benefits.) In addition, there are 551 retirees currently receiving a CP&FPF pension and an unknown number of retirees from the PERS.

However, the bill excludes from eligibility a local PFRS retiree whose health care benefits were paid by a municipal or county government, and are still so being paid when this bill becomes This exception is likely to disqualify a considerable effective. percentage of current retirees from the State-paid program for retirees. No information has been made available to the OLS to indicate the number of local government employers who already provide health insurance through the SHBP or provide private carrier insurance. However, testimony offered by the New Jersey League of Municipalities suggests that between 60 and 70 percent of local public employers offer some type of PRM coverage to eligible retirees. If we assume that this percentage generally includes the larger municipalities, perhaps 80 percent of the eligible retirees already have employer-paid PRM coverage, leaving 20 percent not covered. Base on this assumption, the current universe of qualified retirees who would enroll in the State-paid program for retirees would be approximately 3,100.

The present-value cost of providing future PRM benefits to this estimated universe of qualified retirees, assuming all are enrolled in the State-paid program for retirees, would be between \$188.3 million and \$223.8 million. This cost would increase annually through inflation and as additional members retire and become eligible for this benefit.

According to the most recent actuarial valuation of the PFRS retirement system, approximately 1,150 members retire each year period with 25 or more years of service and 100 on a disability retirement allowance. (The CP&FPF is closed and there are no remaining active members.) Assuming 80 percent of the PFRS retirees receive employer-paid PRM benefits (and adjusting for State employees), then approximately 247 additional retirees would become newly eligible to receive this benefit annually.

The OLS notes that this bill does not specify a funding

methodology to determine the annual State contribution to pay for this benefit. There are a variety of funding practices that could be used, ranging from pay-as-you-go financing to actuarial reserve funding (also called advanced funding or prefunding). The financing methodology chosen has a significant effect on the annual payment schedule. Under pay-as-you-go financing, the State appropriates sufficient funds each year out of current operating revenues to meet the current expenditures (the post-retirement medical premiums). Pay-as-you-go financing initially requires the lowest annual State appropriations; however, pay-as-you-go appropriations increase sharply over time as additional members retire and are eligible to receive this benefit.

An alternative to pay-as-you-go financing is actuarial reserve or advanced funding. Advanced funding is the systematic contribution of funds to the retirement system which together with earnings are sufficient to fund the value of the benefits earned by active employees in the current year. Advanced funding generally results in higher initial costs that remain relatively constant over time. All of the State's major retirement systems prefund pension and cost-of-living adjustments (COLAs); however, the Public Employees' Retirement System (PERS) and the Teachers' Pension and Annuity Fund (TPAF) prefund only a portion of PRM benefits.

On a pay-as-you-go basis, the first-year cost to the State, if 20 percent of the qualified retirees, as of June 30, 1995, elect to participate in the State plan, would be approximately \$11.6 million. Retirements during the two years since the last actuarial valuation and the current year would add an additional \$3.2 million, for a total first-year cost of \$14.8 million.

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

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