



HEALTHCARE OMBUDSPERSON PROGRAM

HEALTHCARE CONNECTION | FALL 2024

2024 OPEN ENROLLMENT

Every year during the month of October, all employees eligible for coverage under the State Health Benefits Program can participate in Open Enrollment. This is the one time of year when you can add/remove dependents, change your medical or dental plans, and even sign up for state health benefits if you previously declined them.

Since July, state workers' options for health insurance plans will double as Aetna returns as an insurance provider. Aetna will be offering employees covered under the CWA contract five plan options with identical plan designs and costs to the existing plans administered by Horizon Blue Cross & Blue Shield. These plans offer the same levels of coverage, but with access to different networks of doctors and providers. Your Healthcare Ombudsperson can help you determine which network will give



you the best coverage and widest assortment of medical care.

Due to changes in our dental plans this year, all employees are eligible to change their coverage during Open Enrollment, regardless of how long you have been enrolled in the current plan. If you are in a DPO Administered by Horizon, Cigna, or MetLife, you will automatically be transferred to the Aetna DMO plan, unless you choose a different plan.

Your Healthcare Ombudsperson is always available to help you choose a plan that best meets the needs of you and your family

Lastly, it's also important to re-evaluate what you think your out-of-pocket costs will be for 2025 and enroll in the FSA account program. FSA does not automatically renew, so if you used it in 2024 and want to use it again in 2025, you'll need to re-enroll.

CWA CONTRACT INSULATES MEMBERS WHEN PREMIUMS RISE

An unfortunate reality of our current healthcare system is the ever-increasing cost of insurance plans. Under the 2011 Chapter 78 law, state employees were required to pay healthcare premiums tied directly to the cost of their insurance plans, meaning increases in health premiums were directly passed to the employee. CWA workers, on the other hand, won back the right to negotiate over their healthcare costs, as a result, while premiums will increase for state government by 10.1% on the Horizon Unity Direct PPO/Aetna Freedom PPO plans, this is the

premium cost to the State. State employee healthcare contributions are negotiated rates based on our annual salary. Under our contract, the increase on employee contributions for 2025 will be limited to 4.5%. For example, if your current healthcare contribution is \$111 per pay period, it will increase to \$116 per pay in 2025. The CWA remains committed to working to contain healthcare costs, increase pricing transparency, and maintaining and expanding the number of high-quality, affordable options available to our members.



Qualifying Life Event (QLE): The only time SHBP members are allowed to change their healthcare coverage outside of Open Enrollment is when they experience a Qualifying Life Event. Some examples of QLEs are a marriage, the birth or adoption of a child, a spouse or partner eligible to be covered on your plan losing their coverage, or an unpaid leave of absence. If you experience one of these events, you may add or remove dependents and change plans outside of the normal period. The changes will normally go into effect retroactively to the date of the event.

OMBUDSPERSONS IN ACTION

After reading an article online in the summer of 2022 saying that healthcare costs for state workers could increase by as much as 25%, Barry Friedman, a Media Specialist at The College of New Jersey was concerned. “The cost of everything has gone up, and I was resigned to paying even more for my health insurance, too,” said Friedman.

During the October Open Enrollment period, the ombudsperson for CWA Local 1031, Roman Sohor, came to a union meeting on campus at TCNJ, and Barry attended, eager to hear details about the negotiations the union had with the state over healthcare costs, and learn if there were any potential savings for him. “Roman was our branch president here before becoming a healthcare ombudsperson, and it’s a tremendous benefit having someone CWA members can talk to who used to work in the departments they represent. They are great at making the health insurance jargon easy to understand.”

After the meeting, Barry and Roman discussed his situation. Barry was in the HMO plan, one of the health plans available to state workers at what are commonly known as “Chapter 78” rates – where the employee’s costs are automatically tied to the cost of the plan. Roman explained to Barry that the CWA Unity PPO and Tiered network plan are available at union negotiated rates, based on salary, and that the cost for the Horizon OMNIA plan would give him the same doctor network at a cost savings of a few hundred dollars a year.

“I now make it a point to check in with Roman annually to make sure I’m making the best choice for my health plan.”

—Barry Friedman, CWA Local 1031 Member

If you have any issues with your health insurance, or you have a story you’d like to share about how the Healthcare Ombudsperson for your Local has helped you, please contact a shop steward or your Local’s Ombudsperson.

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DID
YOU KNOW?

Employees on the SHBP can put up to \$2500 a year into a FSA account. The money you pledge to put aside is taken out of your paychecks in equal installments over the course of the year, tax free, and can be used for most medical expenses including co-pays, eyeglasses, prescription drugs, medical devices, and even many over the counter needs. You must spend the money within the year, so make sure you choose how much you want to contribute wisely! FSA does not automatically renew, so during each Open Enrollment period you will need to sign up for the next calendar year. Whether you are enrolled in a Horizon or Aetna plan, the FSA account is administered by Horizon.



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