(b) The eligible survivor of the deceased employee must submit personal payments to the health benefits program in order to continue coverage.

(c) Should coverage lapse through no fault of the survivor, who would be eligible to continue such coverage, retroactive coverage may be granted up to a period of three months, provided the payment of charges is made.

As amended, R.1973 d.8, eff. January 4, 1973.
See: 4 N.J.R. 282(a), 5 N.J.R. 59(b).
As amended, R.1979 d.159, eff. April 23, 1979.
See: 11 N.J.R. 94(d), 11 N.J.R. 304(c).
As amended, R.1983 d.44, eff. March 7, 1983.
See: 14 N.J.R. 1293(b), 15 N.J.R. 343(b).
Reference to premiums changed to charges.

17:9–2.12 Major Medical; eligible charges at enrollment (local employees)

(a) For purposes of local coverage, all eligible charges incurred by an eligible employee or his or her covered dependents, from January 1 of a calendar year to the effective date of coverage for his or her participating employer, will be considered to satisfy the deductibles and copayments required under the Major Medical coverage. The above provision is contingent upon the eligible employee being actively at work on the effective date of coverage and his or her dependents not be deferred as stated under N.J.A.C. 17:9–2.8(b).

(b) The charges considered are to be eligible charges under the Major Medical contract and no charges will be considered that would have been paid by the basic plan, had the employee had such coverage. No charges will be used to satisfy the deductibles and copayments for which the employee has been reimbursed by any source where any employer participated under another contract.

As amended, R.1984 d.560, eff. December 17, 1984.
See: 16 N.J.R. 2422(b), 16 N.J.R. 3479(b).
Deleted "being able to satisfy the normal activities test required by the contract". Inserted "not be deferred ... N.J.A.C. 17:9–2.8(b)".
Amended by R.1988 d.469, eff. October 3, 1988.
See: 20 N.J.R. 1526(b), 20 N.J.R. 2466(e).
Added "deductibles and copayments".

17:9–2.13 Major Medical; extension of coverage charges

(a) For purposes of the payment of claims under the Major Medical contract, if immediately prior to his or her entry into the eligible classes an employee or dependent was covered under the extension of coverage provisions of the Major Medical contract, such coverage will be effective immediately but solely with respect to charges incurred in connection with the illness for which such person was covered under said extension if the following conditions are satisfied:

1. The charges would have been considered eligible charges had the extension not terminated;

2. The coverage under the extension would have not otherwise terminated.

(b) Full coverage subject to the regular rules shall begin on the payroll corresponding to the payroll on which deductions are resumed.

17:9–2.14 Effective date; maternity benefits

Effective January 1, 1973, maternity and obstetrical benefits are extended to employees and dependent wives with single, husband and wife, and parent and child coverage.

R.1973 d.148, eff. June 6, 1973.
See: 5 N.J.R. 168(a), 5 N.J.R. 247(b).

17:9–2.15 Major Medical; separate plans

If the State or local employer adopts separate plans for all employees or for some portion of covered employees for prescription drug reimbursement, vision care, or other health care benefits, largely duplicating or minimizing the benefits provided under the Major Medical program, such services or benefits for the participants of such separate plans will no longer be considered eligible for reimbursement under the Major Medical program to the extent benefits are provided under such plans.

R.1975 d.68, eff. March 14, 1975.
See: 7 N.J.R. 76(a), 7 N.J.R. 181(a).
As amended, R.1980 d.300, eff. July 1, 1980.
See: 12 N.J.R. 216(b), 12 N.J.R. 497(b).

17:9–2.16 Policy provisions adoption

The State Health Benefits Commission adopts by reference all of the policy provisions contained in the contracts between the carriers, the health maintenance organizations and the State Health Benefits Commission as well as any subsequent amendments thereto, to the exclusion of all other possible coverages.

R.1981 d.138, effective June 4, 1981.
See: 13 N.J.R. 110(b), 13 N.J.R. 376(b).

OAL Note: The contract provisions incorporated by reference in this rule have been filed with Administrative Publications and Filings, Office of Administrative Law, as part of the official text of this rule, but are not reproduced herein.

Case Notes

Health Benefits Commission was without statutory authority to exclude from coverage of mentally ill persons while providing coverage for mental retardation or physical disability. G.B. v. State Health Benefits Com'n, 222 N.J.Super. 83, 535 A.2d 1010 (A.D.1988).

Denial of coverage for eyelid surgery as cosmetic was reasonable where there was no evidence that surgery was performed to correct vision obstruction. Weber v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 167.

Reimbursement for installation of vehicle hand controls was properly denied where applicant failed to show medical necessity. Shanberg v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 92.

Elderly stroke victim was not entitled to reimbursement for private duty nursing care without competent medical testimony showing medical necessity. Miller v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 78.

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Insured not entitled to reimbursement for continuing physical therapy costs. Ritscher v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 55.

Reimbursement for surgical fees over customary charge properly denied where methodology for determining customary fees not unreasonable. Seymour v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 33.

State health benefits provider may determine customary fee based on complexity of surgical procedure and local economic and geographic considerations. Montag v. State Health Benefits Commission, 96 N.J.A.R.2d (TYP) 23.

Private-duty nursing care and expenses denied; regular-duty nurses could have provided same services. Blumenthal v. The State Health Benefits Commission, 95 N.J.A.R.2d (TYP) 16.

Private duty nursing services following hip surgery were not a reimbursable medical necessity. Heifetz v. Benefits Commission, 93 N.J.A.R.2d (TYP) 313.

Portion of nursing costs due to preparation of insulin injections for employee's diabetes was reimbursable. Gettis v. Benefits Commission, 93 N.J.A.R.2d (TYP) 311.

Replacement of fixed bridge unit was excluded from coverage under state dental plan. Bruno v. Benefits Commission, 93 N.J.A.R.2d (TYP) 295.

Rental of passive motion machine to rehabilitate knee fracture was not reimbursable. O'Brien v. Benefits Commission, 93 N.J.A.R.2d (TYP) 263.

Private duty nursing services not medically necessary after gallbladder surgery. Naddeo v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 198.

Medicine used for multiple sclerosis not covered by state health plan where no medical evidence supported reasonable and necessary treatment claim. Marashlian v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 197.

Tooth implant was prosthodontic procedure or device specifically excluded from coverage under public employee's dental plan. Favale v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 155.

Three year delay in submitting medical reimbursement claim to insurer warranted denial of claim. Zuckerman v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 134.

Career or vocational counseling services not covered under state health benefits plan. Aronow v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 131.

Private duty nursing at home and in hospital not medically necessary after hysterectomy. Holstein v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 110.

Psychotherapy services provided by licensed social worker not covered under state health plan. Kahn v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 97.

Mental health services provided by clinical social worker not covered by state health plan. Farmer v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 67.

Calculation of reasonable and customary fee for endometrial ablation procedure upheld. Finegan v. State Health Benefits Commission, 93 N.J.A.R.2d (TYP) 65.

Support hose prescribed by physician not a covered benefit under state health benefits plan. Stanley v. State Health Benefits Commission. 93 N.J.A.R.2d (TYP) 26.

No medical coverage available for handicapped son over age 23 where employee failed to timely present medical evidence of handicap. Schultz, Jr. v. State Health Benefits Commission. 93 N.J.A.R.2d (TYP) 24.

Private duty nursing services ordered by doctor not medically necessary within meaning of state health benefits plan. Marks v. State Health Benefits Commission. 93 N.J.A.R.2d (TYP) 23.

Major medical plan exclusion for cosmetic surgery excluded coverage for bilateral otoplasty, despite approval of basic coverage plan. Palmer v. State Health Benefits Commission. 93 N.J.A.R.2d (TYP) 20.

Employee not entitled to reimbursement for psychotherapy services rendered by counselor licensed as social worker rather than psychologist or medical doctor. Goldman v. State Health Benefits Commission. 93 N.J.A.R.2d (TYP) 18.

17:9–2.17 Chapters 384 and 386, Laws of 1987; enrollment of retirees

For the purposes of implementing Chapters 384 and 386 of the Laws of 1987, retirees of boards of education participating in the State Health Benefits Program who do not qualify for State payment of premiums for coverage and are not enrolled in the program may enroll within the one-year period from June 1, 1988 to May 31, 1989.

New Rule, R.1988 d.471, effective October 3, 1988.
See: 20 N.J.R. 1537(a), 20 N.J.R. 2467(a).

SUBCHAPTER 3. DEPENDENTS

17:9–3.1 Dependents and children defined

(a) The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Children" includes stepchildren, legally adopted children and foster children who are wholly dependent upon the employee for support and maintenance. This includes children in a guardian-ward, legal relationship who are living with the employee.

"Dependents" means an employee's spouse and the employee's unmarried children through the end of the calendar year in which they reach the age of 23 years who live with the employee in a regular parent-child relationship.

"Living with" shall be defined so as to include children in the case of divorce who may not actually be living with the covered parent, but where such covered parent is required to provide for the support and maintenance of such children, and the parent's application for dependent coverage is documented by a copy of an appropriate court order.

(b) The determination as to the continuation of certain mentally retarded or physically handicapped children will be made before they attain age 23 rather than before they attain age 19, as given in the general statute.

As amended, R.1969 d.33, eff. December 19, 1969.
See: 1 N.J.R. 10(b), 2 N.J.R. 8(a).
As amended, R.1972 d.200, eff. October 4, 1972.
See: 4 N.J.R. 168(b), 4 N.J.R. 283(c).
As amended, R.1976 d.313, eff. October 8, 1976.

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See: 8 N.J.R. 443(c), 8 N.J.R. 539(a).

Case Notes

Denial of health benefits to domestic partners of university employees did not violate anti-discrimination statute. Rutgers Council of AAUP Chapters v. Rutgers, The State University, 298 N.J.Super. 442, 689 A.2d 828 (A.D.1997).

17:9–3.2 Military service

A spouse or child enlisting or inducted into military service shall not be considered during such military service.

17:9–3.3 Medicare

Any person who is otherwise eligible for benefits as a dependent of any active or retired employee, but who, although he is eligible to enroll in the Federal Medicare program, is not covered by the complete Federal program, would not be covered as a dependent.

As amended, R.1973 d.285, eff. October 2, 1973.
See: 5 N.J.R. 243(a), 5 N.J.R. 393(a).

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