

RESOLUTION NO. 2022-68

A RESOLUTION FOR LOCAL GOVERNMENT  
EMPLOYEES TO LIMIT THE MEDICAL PLANS OFFERED  
UNDER THE STATE HEALTH BENEFITS PROGRAM  
(SHBP).

SEE ATTACHED RESOLUTION

Adopted:

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President of Council

ATTEST:

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City Clerk



## State Health Benefits Program (SHBP)

**RESOLUTION****A Resolution for Local Government Employees to Limit the Medical Plans Offered Under the SHBP.**

BE IT RESOLVED:

The City of Vineland 088100  
*Corporate Name of Employer* *SHBP Employer Location Number*

will not offer the following plans:

**Note:** Check the plans your location will not be offering. You must offer at least one plan from each category.

CATEGORY 1		CATEGORY 2	
<input type="checkbox"/> NJ DIRECT/NJ DIRECT 2019	<input type="checkbox"/> NJ DIRECT10	<input type="checkbox"/> NJ DIRECT1525	<input type="checkbox"/> NJ DIRECT2030
<input type="checkbox"/> NJ DIRECT15	<input type="checkbox"/> HORIZON HMO		
CATEGORY 3		CATEGORY 4	
<input type="checkbox"/> OMNIA HEALTH PLAN		<input type="checkbox"/> NJ DIRECT2035	
CATEGORY 5			
<input type="checkbox"/> NJ DIRECT HD4000	<input checked="" type="checkbox"/> NJ DIRECT HD1500		

Upon receipt of this resolution, the Health Benefits Bureau will schedule a Special Open Enrollment for active employees currently enrolled in any plan that will no longer be offered. These employees must submit a *Health Benefits Enrollment and/or Change Form* to change medical plans during the Special Open Enrollment or will otherwise be terminated from coverage. Resolutions may be filed once in a calendar year.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

City of Vineland 02 / 08 / 2022  
*Corporate Name of Employer* *mm / dd / yyyy*

640 E. Wood St. Vineland NJ 08360  
*Street Address* *City* *State* *Zip Code*

856-794-4134  
*Area Code* *Telephone Number*

\_\_\_\_\_  
*Signature* *Official Title*

700 21-6001670  
*Number of Employees* *Employer's State Employer Identification Number (EIN)*

**Mail Completed Resolution to:** **New Jersey Division of Pensions & Benefits**  
**Health Benefits Bureau**  
**P.O. Box 299**  
**Trenton, NJ 08625-0299**

## Reid Wanda

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**From:** Dickenson Bob  
**Sent:** Tuesday, February 8, 2022 10:30 AM  
**To:** Reid Wanda; Lopez Regina  
**Subject:** FW: Horizon - High Deductible Plan - HSA  
**Attachments:** Res Form to limit health plan ha0892.pdf  
  
**Importance:** High

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**From:** Gonzalez Rosie <rgonzalez@vinelandcity.org>  
**Sent:** Tuesday, February 8, 2022 10:18 AM  
**To:** Baldosaro Susan M <sbaldosaro@vinelandcity.org>; Dickenson Bob <bdickenson@vinelandcity.org>  
**Cc:** Dukes Marisol <mdukes@vinelandcity.org>  
**Subject:** RE: Horizon - High Deductible Plan - HSA  
**Importance:** High

Good Morning,

RE: High Deductible Plan

In order to remove the high deductible plan, Dina from Allen Associates informed me we would need to pass/approve the attached Resolution. The plan we need to remove is NJ Direct HD 1500 Plan. This is the plan that requires an employer funded \$300 Health Savings Account. The NJ Direct HD 4000 Plan allows for a Health Savings Plan but it is not employer funded. Also, per the attached Resolution we are required to offer at least one plan from each category. The category in question is Category 5.

We won't need a Special Open Enrollment as stated on the Resolution since there are no employees enrolled in the NJ Direct HD 1500 plan.

When the Resolution is approved, I will forward it to Dina who will submit it on our behalf.

Let me know if you have questions.

Sincerely,

*Rosie Gonzalez*

Personnel Director

City of Vineland

(856) 794-4000 ext. 4605

(856) 794-4134