



KEAN

NJCU  
NEW JERSEY CITY UNIVERSITY

## **Retirement: Frequently Asked Questions**

## **Disclaimer**

This guidebook has been designed as a reference tool regarding the retirement process. It is subject to review, modification, and change. In the event of a conflict between the statements contained herein and specific provisions of a benefit plan or program, Collective Bargaining Agreement, State or Federal law, the actual plan documents, Collective Bargaining Agreement or law shall govern. This is to be used for guidance only and is not intended to create any contractual rights or obligations.

This version supersedes all other versions which are now void.

It is for informational purposes only and is not intended to be and should not be construed as a contract or an implied contract.

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## How do I know if I am eligible to retire?

### Alternate Benefit Program (ABP)

There is no minimum retirement age under the ABP. For information regarding the ABP and retirement you may review the [ABP Fact Sheet](#).

### Public Employees' Retirement System (PERS)

Retirement criteria for PERS members is based on membership tier. To determine your membership tier, you can log into MBOS and view your Personal Benefits Statement.

[Register or Login to MBOS](#)

[Understanding Your Personal Benefits Statement](#) (video)

[Retirement – How to Apply for PERS members](#) (fact sheet)

[Retirement Types, Eligibility & Calculations](#) (video)

## How long does it take to complete the retirement process? When should I apply?

It is recommended that you submit retirement documentation 3-6 months prior to your anticipated retirement date.

## What steps do I need to take to file for retirement?

1. Select your retirement date

Your retirement date must be for the first day of a month, i.e., January 1 or July 1. Your last day of active service will be the day before your retirement date, i.e. December 31 or June 30.

2. Complete the retirement process, based on your retirement plan:

### **Alternate Benefit Plan (ABP)**

Complete and return the following to the Office of Human Resources:

[Application for Retirement](#)

[ABP Withdrawal Request Acknowledgement Receipt](#)

Contact your ABP [Designated Service Provider](#) to discuss the mandatory distribution of funds.

Note: You are required to take a minimum distribution from your ABP retirement funds within 30 days of your retirement date to be considered retired and eligible for state retiree health benefits.

### **Public Employees' Retirement System (PERS)**

[Retirement – How to Apply](#)

[Register](#) or [login](#) to the Member Benefits Online System (MBOS).

Explore pension payment options by reviewing the [fact sheet](#) or this [video](#).

Generate a PERS Retirement Estimate on MBOS. Information on how to run an estimate is available in this [video](#).

Complete a PERS Retirement Application on MBOS. Information on how to complete an application is available in this [video](#).

### **Am I eligible to enroll in state retiree health benefits?**

You are eligible for an offer of retiree health benefits if you are a retiring full-time NJCU employee that is covered by, or is eligible for, the State Health Benefits Program (SHBP) and who is eligible for a retirement benefit from a New Jersey State-administered retirement system immediately following termination of employment.

Your costs will vary depending on your years of service. Employees with 25 years of service will be eligible for premium sharing. Employees with less than 25 years of service do not qualify for employer paid coverage and must pay the full cost of retiree health benefits coverage, if they elect to enroll.

For further details, see [Health Benefits Coverage – Enrolling as a Retiree](#)

## For what Medical/Rx plans am I eligible to enroll in as a retiree?

Retirees - 65+ or Medicare Eligible

- [Plans for Medicare Eligible Retirees](#)

**Please note that your doctor must accept Medicare for the retiree SHBP plans to provide any coverage.**

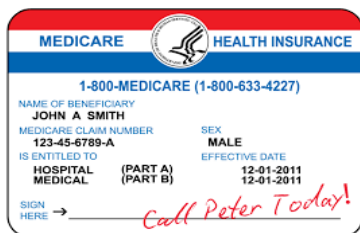
Retirees – under 65 or Non-Medicare Eligible

- [Plans for CWA Retirees](#)
- [Plans for Union Negotiated \(Manager, AFT, IFPTE, NJSOLEA & NJLESA Retirees\)](#)

## Do I have to enroll in Medicare?

Yes! If you (and/or your spouse) are eligible for Medicare coverage and you want to enroll in retiree state health benefits, you (and/or your spouse) are required to enroll in Medicare Parts A and B. Full Medicare coverage (Parts A and B) is required, and retiree health will not begin for Medicare eligible participants until they have full coverage and have provided proof of the coverage to the division.

Retirees required to enroll in Medicare B should do so using the effective date of their retiree health benefits. Retiree health benefits become effective on the first of the month following the retirement. Members are covered by active health benefits through the end of the month that they retire.



## **When should I apply for Medicare?**

It can take a significant amount of time for the Social Security Administration to process a Medicare application. You can enroll in Medicare through the Social Security Administration (SSA) online using your [My Social Security account](#). (Those who haven't set up an account already will need to do so.) Alternatively, you can submit your application by fax or make an in-person appointment at your nearest SSA office. We recommend that you submit your application no later than two months prior to your estimated retirement date.

In addition to your application for Medicare B, you will need to present a [Request for Employment Information](#) form completed by the HR department. This form shows that, after turning 65, you maintained employer-sponsored health coverage.

Once you are enrolled in Medicare, you may register at [Medicare.gov](#) to access information about Medicare coverage and arrange to pay Medicare monthly premiums.

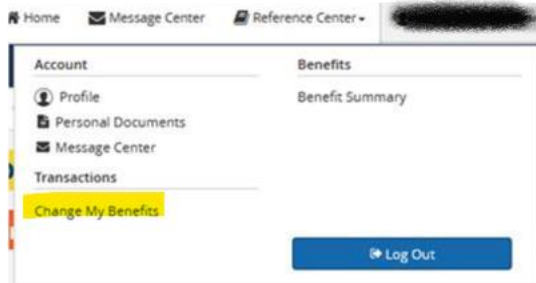
## **How do I prove that I have full Medicare Coverage?**

Your Medicare number (MBI) can be found on the following:

- your new Medicare card
- a copy of a letter from the Social Security Administration indicating that you have both A and B coverage (letters may or may not include the Medicare number) or
- a statement of coverage, downloaded from your on-line account with the SSA.

Proof is provided to the division by logging into Benefitsolver and entering the Medicare number and effective date of coverage for all applicants.

Login to Benefitsolver  
Click on "#Change My Benefits" twice  
Select "Life Event / Add Medicare Information" from the drop-down menu  
Follow screen instructions as follows:



### Reason for Change

Search Reasons for Change

Select the reason for change that applies and enter the date of the event.

- LIFE EVENT**  
Examples: Marriage/Divorce, Birth/Death
- Add Child age 26 to 31 Ch 375 Coverage
- Add Dependents Without Loss of Coverage
- Add Medicare Information (Enter Medicare Effective Date)**
- Disability Retirement Enrollment BAR
- Drop All Coverage on Demand-Please Enter Today's Date
- Update Dependent Demographic Information Only

Within 48 hours of entering your Medicare number in Benefitsolver, you should be able to select your health plans in Benefitsolver.

## Am I eligible for reimbursement for the cost of Medicare B?

Reimbursement for the cost of Medicare Part B is governed by your Collective Bargaining Agreement (CBA) and/or the NJ Division of Pension and Benefits.

The following information has been provided by the NJ Division of Pensions & Benefits:

### Medicare Part B Reimbursement (with 25 years or Disability)

**PERS** – if hired before July 1, 1995 and attaining 25 years before July 1, 1997, Full Part B reimbursement paid in retirement check.

If hired before July 1, 1995 and attaining 25 years after July 1, 1997, Part B Reimbursement is capped at \$46.10. Paid in retirement check.

If hired after July 1, 1995, no Part B reimbursement.

**TPAF, PFRS, SPRS** – Full Part B reimbursement paid in retirement check.

**ABP** – Same as PERS except that reimbursement is paid in separate check.

## How can I request a reduction of the income-related monthly adjusted amount (IRMAA) for Medicare B?

Medicare adds [an income-related monthly adjustment amount](#) (IRMAA) to monthly premiums for those with high incomes in retirement. In 2025, it typically applies only to Medicare participants who have a modified adjusted gross income above \$106,000 for an individual return and \$212,000 for a joint return. If your earnings are below this threshold, IRMAA doesn't apply to you. IRMAA is based on the two previous years' modified adjusted gross income, as reported by the IRS to the SSA. You can apply for an exemption if you can document that your income post-retirement will fall below the IRMAA threshold because you have stopped working. If this is the case, you may:

- Download and complete [Form SSA-44](#)
- Ask HR for a signed letter stating your date of retirement.
- Attach the prior year's Form W-2 or copies of pay stubs, showing the amount of earned income you will no longer be receiving.
- Submit these to the SSA office that processed your Medicare enrollment.

## How much will retiree health benefits cost?

Years of Service at Retirement	Age at Retirement: Prior to Age 65	Age at Retirement: 65+
25 Years of Service before June 28, 2011	1.5% waived with participation in wellness program	1.5% waived with participation in wellness program
20+ Years before June 28, 2011	1.5% of PERS pension required contribution  ABP members pay 1.5% of 50% of highest salary in the 5 years prior to retirement	1.5% of PERS pension required contribution  ABP members pay 1.5% of 50% of highest salary in the 5 years prior to retirement
LESS THAN - 20 Years of Service before June 28, 2011	Member pays union negotiated rates/ percentage of salary for retirees (if enrolled in a cwa/union neg rate plan – this applies to managers as well)**	Member pays percentage of premium (because union negotiated plans will not be available)***

\*\* percentage of salary - union negotiated rates - based on

- Go to Union Negotiated – Annual Retiree Contributions Chart:
- [CWA](#)
- [Union Negotiated](#)
  - o Refer to pension amount for PERS members OR
  - o approximately 50% of last year’s salary for ABP members

\*\*\* see steps below to find rates for **percentage of premium**

- A. If ABP, Total Salary / 2
- B. [% of Premium Chart](#) find your salary and % based coverage level
- C. [Rates for State Retirees \(% of Premium\)](#)

The following is provided by the NJ Division of Pensions & Benefits:

<b>25+ Years Before June 28, 2011*</b>	<p>If 25 years after July 1, 2007 but before June 28, 2011, required contribution of 1.5% of annual pension.</p> <p>1.5% contribution waived with participation in Wellness Program.</p> <p>If 25 years before July 1, 2007, Free but may be subject to premium share for NJDIRECT10 per Union agreements.</p>
<b>20+ Years Before June 28, 2011</b>	<p>Upon attaining 25 years, required contribution of 1.5% of annual pension.</p> <p>Wellness Program <b>not</b> available.</p> <p>If retiring with less than 25 years, member is <b>Full pay</b>.</p>
<b>Less Than 20 Years Before June 28, 2011</b>	<p>Upon attaining 25 years, member pays Percentage of Premium (phase 4) based on annual pension.</p> <p>If retiring with less than 25 years, member is <b>Full Pay</b>.</p>

You may also visit the web site for the Division of Pensions and Benefits/ Calculate Your Cost tab, [by clicking here](#).

If you are paying a percentage of premium for your retiree health benefits, this is the [chart](#) that shows the full monthly cost of the retiree health benefits. You will pay a percentage of this monthly rate.

For an estimate of your retiree health benefit costs from the Division of Pensions and Benefits, call Client Services at 609-292-7524.

**Please note that employees eligible for premium share for state medical and prescription drug coverage are required to pay the full cost of state dental coverage and the Medicare B premium.**

### How do I decide what plan is best for me and my family?

As a Medicare-eligible retiree you will have the option to choose between an Aetna Medicare Advantage Plan and a Horizon Supplement Plan.

Under the **Aetna** plans, the coverage provided is a Medicare Advantage Plan, which means that eligible claims are paid by the medical plan. You do not need to coordinate coverage between Medicare and Aetna. Aetna plans are combined with Medicare and pay eligible

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expenses directly, replacing the need for claims to first be paid by Medicare and then by a secondary plan.

[Aetna Medicare Advantage Website](#)

[Aetna Medicare Advantage Frequently Asked Questions](#)

Under the **Horizon** supplemental plans, claims are coordinated by first submitting them to Medicare. The coordination of benefits with Medicare is handled by Horizon.

Benefits and plan procedures remain the same as they did prior to enrolling in Medicare; simply pay the normal co-payments to the provider. The deductibles and coinsurance required by Medicare will be paid in full by your medical plan.

You may still have out-of-pocket expenses such as deductibles, coinsurance and cost above reasonable and customary allowances.

Neither the Aetna nor the Horizon plans will pay for benefits which should have been covered by Medicare.

The following fact sheet outlines the coordination between the SHBP and Medicare:

[Health Benefits Programs and the Medicare Parts A and B for Retirees – Fact Sheet #23 Retiree State Health Benefits Program.](#)

[Summary of Benefits and Coverage – Plan Year 2026](#)

## How do I know what doctors participate in the plan?

[Aetna Doctor or Provider Finder](#)

[Horizon Doctor & Hospital Finder](#)

Enter the appropriate zip code and one of the following plan prefix codes:

- **NJX** for PPO plans (All NJ DIRECT plans; CWA Unity DIRECT plans and NJ DIRECT High-Deductible Health plans).
- **SNJ** for Horizon HMO plans.
- **NJO** for OMNIA.

## Do I have coverage if I use Medicare Opt Out Providers?

No, there is no plan coverage for health care providers that have opted out of Medicare for Medicare eligible retirees. In these cases, your doctor must also accept Medicare for there to be plan coverage under the state retiree health plans.

## **When will my retiree health benefits become effective?**

Your active health coverage will end on the last day of your retirement month, and your retiree health benefits will begin as of the first day of the month following your retirement. For example, if you retire effective July 1, your active health benefits will end July 31. Retiree health will start as of August 1, for eligible members.

Retirees required to enroll in Medicare B should do so using the effective date of retiree health benefits.

## **How do I enroll in retiree health benefits?**

All retirees MUST submit health plan selections or waivers online using Benefitsolver. If you login to [my.njbenefitshub](https://my.njbenefitshub.com) it will take you directly to Benefitsolver. If you login through [myNewJersey.com](https://myNewJersey.com) you will have to click on the Benefitsolver button to access the system.

If you have trouble accessing the Benefitsolver button, please email the portal team at [oit.mynjhelpdesk@tech.nj.gov](mailto:oit.mynjhelpdesk@tech.nj.gov).

[Benefitsolver Quick Reference Guide](#)

[Benefitsolver Enrollment Instructions](#)

[Benefitsolver Frequently Asked Questions](#)

[Benefitsolver Video Guide](#)

## **Is Prescription Drug coverage included with state retiree medical plans?**

Retiree prescription drug coverage is included with retired group medical plan enrollment. OptumRx is the pharmacy benefits administrator for all Retired Group members of the SHBP.

[Prescription Plan Design for CWA Retirees](#)

[Prescription Plan Design for Union Negotiated Retirees](#) (Managers, AFT, IFPTE, NJSOLEA & NJLESA)

[Prescription Plan Design for Medicare Advantage & Medicare Supplemental Group Plans](#)

[Prescription Drug Plans Member Guidebook](#)

## **Am I eligible to enroll in retiree dental coverage? What plans are available and what do they cost?**

Retiree Dental Plans are offered to retirees eligible to enroll in the State Health Benefits Program (SHBP). Retirees will pay the full cost of the plan.

[Available Retiree Dental Plans and Contact Info](#)

[Retiree Dental Rates](#)

[Retiree Dental Fact Sheet](#)

[Retiree Dental Member Handbook](#)

## **Can I change my retiree plan in the future?**

You can generally change your plan after you have been enrolled for 12 months.

## **What if I am not eligible for retiree state health benefits premium sharing?**

Following is the link to the official US government Medicare handbook:

[Medicare & You 2026](#)

## **Am I still covered if I move out of state?**

All the plans that have NJ DIRECT on them are Nationwide; however, once a member becomes Medicare Prime, even if they take one of the NJ DIRECT plan options available to retirees as supplemental to Medicare, the member must follow the Medicare rules, because that is their primary plan.

## **Am I still covered if I travel abroad as a retiree?**

If you anticipate traveling out of the country as a retiree (particularly a Medicare eligible retiree where the plan will only cover you if the doctor/facility accepts Medicare), we encourage you to consider purchasing travel medical insurance for the duration of your trip. (BC/BS offers [GeoBlue](#) – a medical travel plan that individuals may purchase individually.)

## What happens to the retiree health coverage if I predecease my spouse/partner?

Coverage of your spouse/partner terminates at the end of the month in which you die. However, your spouse or partner will be sent a letter offering continuation of coverage in the plan of his/her choice at his/her own cost. Please note that the premium share will no longer apply at that time and the plan will be offered to the surviving spouse/partner at full cost. If your spouse or partner elects to continue SHBP coverage, he/she will be reenrolled, without a break in coverage, upon the timely receipt of the completed online application through mynjbenefitshub.

## What is the Retiree Wellness Program? How do I know if I am eligible to enroll?

If you retired from the State and earned 25 years of service after June 30, 2007, but before June 28, 2011, or retired on a Disability Retirement on or after August 1, 2007, but before June 28, 2011, you are eligible to enroll in the [Retiree Wellness Program](#) (RWP). If you do not enroll and meet the yearly requirements, you will be required to pay 1.5 percent of your gross retirement check.\*

- If you are a new eligible retiree, you will receive a RWP [Welcome Letter and Retiree Wellness Program Pledge form](#) as part of your SHBP enrollment materials.
- To enroll, you are required to submit the [Retiree Wellness Program Pledge form](#) each year to show acceptance of the terms and conditions of RWP participation.
- You are also required, each year, to complete a Health Assessment Test (HAT); have an annual medical check-up and submit the Annual Physician Certification; obtain age and gender appropriate tests and screenings; and participate in disease management programs.
- You can enroll in the RWP each year between January 1 and October 31 during the RWP Open Enrollment. If you enroll and meet the requirements, the 1.5 percent health contribution will stop as of January 1 of the following year.

\*ABP retirees pay a health contribution equal to 1.5 percent of 50 percent of the highest salary the retiree had in the 5 years prior to retirement.

Wellness Program Forms:

NJ Direct Forms – Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ)  
[Horizon BCBSNJ Wellness information and forms](#)

[NJ Direct Annual Physician's Certification](#)

Aetna Forms

[Aetna Wellness information and forms](#)

[Aetna Annual Physician's Certification](#)

## **Will I still have life insurance once I retire?**

### **Alternate Benefit Program (ABP)**

Retired ABP members are eligible for paid group life insurance coverage of one-half of their base salary if all the following criteria are met:

- 10 years or more of pension service credit;
- At least age 60 at retirement;
- Benefits are received within 12 months of the termination of employment; and
- Covered by ABP group life insurance immediately prior to retirement.

Please note that if you retire from ABP employment and then delay taking a distribution for a period of time greater than twelve months, you are no longer eligible for retired group life insurance benefits under the ABP, even if the other eligibility requirements for ABP are met.

If you would like to purchase additional life insurance, you may do so for a limited time. You may review the [Conversion of Group Life Insurance](#) fact sheet for details.

### **Public Employees' Retirement System (PERS)**

Life insurance for retired members of the PERS who enrolled on or after July 1, 1997, is payable only if the member retired with 10 or more years of pension service credit or retired on a Disability Retirement.

Additional information regarding life insurance for PERS members can be found in the [PERS Member Guidebook](#).

The amount of group life insurance available to beneficiaries is shown on your Quotation of Retirement Benefits that is sent to you when you retire.

## What happens to my Flexible Spending Account (FSA) when I retire?

Under either the Unreimbursed Medical FSA or the Dependent Care FSA, any unused contributions remaining in an account at the end of the plan year are forfeited. You have until April 30 of the following year to file for eligible reimbursement.

### **Unreimbursed Medical FSA**

For the Unreimbursed Medical Flexible Spending Account, services need to be rendered by the date of separation. You may use your FSA card until this date.

### **Overspent Accounts**

If you already used all your annually elected funds for unreimbursed medical by your date of separation, you are not required to pay this back.

### **Underspent Accounts**

If you have not used all your contributions to date for unreimbursed medical by your date of separation, you may continue to submit claims for reimbursement against your balance for 4 months after your date of separation.

#### *Example:*

Annual Election: \$1000

Contributions to Date (at separation): \$500

Reimbursement: \$200 (as of date of separation)

Balance: \$300 (Account is underspent)

<b>Last day to incur services &amp; use FSA Card</b>	<b>Last Day to submit claim for reimbursement</b>
Last day of employment	For 4 months after date of separation
term date: June 30, 2021	Estimated: October 31, 2021*

*\*Employees are encouraged to confirm their final day to submit claims with Horizon MyWay.*

If you have no qualified expenses to submit against an underspent balance, your balance will be forfeited, unless you enroll in COBRA for FSA.

**COBRA for FSA** is only available for Unreimbursed Medical FSAs. You may be able to continue your Unreimbursed Medical FSA election upon completion of appropriate forms and requirements for COBRA for FSA. It is only offered for the remainder of the plan year. Please note that all COBRA payments are made with after-tax dollars, which negates the tax saving advantage aspect of the FSA plan. COBRA is not a tax savings plan, and is only intended to prevent participants from forfeiting contributions made prior to termination.

COBRA participants are eligible to submit claims for services that were incurred after the break in employment.

For details, you may refer to the [Horizon MyWay reference guide](#) available on the HR website, under Benefits. Additionally, the Horizon MyWay customer service phone number is 1-888-215-0025.