

NEW JERSEY
INDIVIDUAL HEALTH COVERAGE PROGRAM

20 West State Street, 10th Floor
PO Box 325
Trenton, NJ 08625
Phone: 609-633-1882
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ADVISORY BULLETIN 97-IHC-05

Date: October 15, 1997

To: IHC Member Carriers That Offer the Standard Health Benefits Plans

From: Ellen F. DeRosa, Assistant Director

Re: January 1, 1998 Policy Forms Changes

The Individual Health Coverage Program Board (IHC Board) adopted Amendments: N.J.A.C. 11:20 Appendix Exhibits A through G, new Rule N.J.A.C. 11:20 Appendix Exhibit T, and adopted the Repeal of N.J.A.C. 11:20 Appendix Exhibits M, N, O and P on October 15, 1997.

The Effective Date of these policy forms modifications is January 1, 1998. The IHC Board recognizes that carriers are currently administratively complying with the requirements of P.L. 1997, c. 146 and the Health Insurance Portability and Accountability Act (HIPAA), and that it would be helpful to issue plans which reflect administrative practice as quickly as possible. The IHC Board also recognizes the fact that a number of carriers may have elected to administratively comply with the policy forms changes which were effective September 1, 1997, while awaiting the adoption of changes to comply with P.L. 1997, c. 146 and HIPAA. Therefore, the IHC Board will allow carriers to use the plans as adopted October 15, 1997, prior to January 1, 1998. Carriers may phase-in the implementation of the new policy forms text during the period between October 15, 1997 and January 1, 1998.

PLEASE NOTE: ALL CARRIERS MUST IMPLEMENT THE NEW POLICY FORMS TEXT FOR ALL NEW BUSINESS AND RENEWALS WHICH ARE EFFECTIVE ON OR AFTER JANUARY 1, 1998.

Therefore, for all new business or renewals with effective dates on or after January 1, 1998, carriers must issue new policies/contracts. Please note that carriers may **not** use the Compliance and Variability Rider to reflect these policy forms changes.

Enclosed are disks which contain the text of the forms, as adopted. The format is WORD 6.0. In addition to the text of the standard plans, the text of the application is included. The new rule, Exhibit T, the Explanation of Brackets, is also included on the disk.

If you have any questions concerning implementation of these policy forms changes, please feel free to contact me.

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RESPONSE FORM

IN ORDER TO VERIFY RECEIPT OF THE DISKS AND THIS BULLETIN, PLEASE COMPLETE THE FORM BELOW, AND FAX OR MAIL IT TO ELLEN DEROSA ON OR BEFORE **NOVEMBER 1, 1997**.

Name of Carrier: _____

Printed Name of Respondent: _____

Telephone Number: _____ Facsimile: _____

Signature of Respondent: _____

Date: _____

[Bulletin 97-IHC-05]