

Exhibit H

In accordance with N.J.A.C. 11:20-3.1(e) each carriers shall file this Identification of Standard Plans no later than July 1, 2009 and an amended Identification of Standard Plans within 60 days of any change in the plans being offered by the carrier.

Identification of Standard Plans

1. INFORMATION ABOUT THE CARRIER AND RESPONDENT

Carrier Name: _____

NAIC #: _____

Respondent Information:

Name: _____ Title: _____

Address: _____

Telephone: _____ FAX: _____ Email address: _____

Is Carrier a Federally Qualified HMO? _____ If yes, attach evidence.

2. INFORMATION ABOUT THE FILING

Date of Filing: _____

If the filing is being made after a change in the plans offered to individual consumers:

Date plan change(s) made: _____

Date of withdrawal pursuant to NJAC 11:20-18, if applicable: _____

Date of conversion pursuant to NJAC 11:20-24.7, if applicable: _____

3. IDENTIFICATION OF PLANS BEING OFFERED

Place a check next to each standard plan being offered.

Plan A/50 (Must be offered unless carrier is Federally Qualified HMO)

Delivery System (Check all that apply)

Indemnity PPO POS

Deductible Options (Check all that apply)

\$2,500 (must offer) \$1,000 \$5,000 \$10,000 amount to qualify as a HDHP

Copayment Options (Check all that apply)

\$15 \$30 \$40 \$50

Plan B

Delivery System (Check all that apply)

Indemnity PPO POS

Deductible Options (Check all that apply)

\$2,500 (must offer) \$1,000 \$5,000 \$10,000 amount to qualify as a HDHP

Copayment Options (Check all that apply)

\$15 \$30 \$40 \$50

Plan C

Delivery System (Check all that apply)

Delivery System (Check all that apply)

Indemnity PPO POS

Deductible Options (Check all that apply)

\$2,500 (must offer) \$1,000 \$5,000 \$10,000 amount to qualify as a HDHP

Copayment Options (Check all that apply)

\$15 \$30 \$40 \$50

Plan D

Delivery System (Check all that apply)

Indemnity PPO POS

Deductible Options (Check all that apply)

\$2,500 (must offer) \$1,000 \$5,000 \$10,000 amount to qualify as a HDHP

Copayment Options (Check all that apply)

\$15 \$30 \$40 \$50

Plan HMO

Copayment Options (Check all that apply)

\$15 \$30 (must offer) \$40 \$50

Deductible and Coinsurance (list the combinations below.)

Referral (Check all that apply)

Required Not Required