

PUBLIC NOTICE

INSURANCE

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

OFFICE OF THE COMMISSIONER

Health Wellness Promotion Act

Notice of Mandate Adjustments to Benefit Payments and Value for Services

Schedule

Take notice that the Commissioner of Banking and Insurance, in compliance with sections 3, 4, 5, 6, 7, and 8 of the Health Wellness Promotion Act, P.L. 1993, c. 327 (as codified: N.J.S.A. 17:48-6i, 17:48A-7h, 17:48E-35.6, 17B:26-2.1h, 17B:27-46.1h, and 26:2J-4.6.c) (the "Act"), hereby adjusts the maximum dollar amounts for benefits or services that carriers and HMOs are required to provide or allow for the schedule of screens, tests, and services set forth in the Act (or for a different schedule of such screens, tests, and services for a specific insured or member when determined by a health care provider to be medically appropriate in accordance with the Act). These adjustments are based on an average 2.3 percent increase from December 2010 to December 2011 in the medical component of the Consumer Price Index for all urban consumers in the New York-Northern New Jersey-Long Island region and the Philadelphia-Wilmington-Atlantic City region as reported by the United States Department of Labor. The required dollar amounts shall be as follows:

1. \$236.00 a year for each person between the ages of 20 to 39 inclusive;
2. \$275.00 a year for each man of 40 years of age and older;
3. \$446.00 a year for each woman of 40 years of age and older; and

4. \$282.00 for a left-sided colon examination for each person 45 years of age and older, which shall be in addition to the amounts otherwise specified in items 2 and 3 above.

These adjustments shall take effect for all policies and contracts issued or renewed on or after July 1, 2012.