Summary of Major Changes to the Individual Health Coverage Program
Operative Date: July 1, 2006

Description of Amendment	Reason
CHANGES TO COMPLY WITH LAW	
Add coverage for one mammogram per year for females age 40 and over	P.L. 1999, c. 341
Add specific coverage for the treatment of hemophilia	P.L. 2000, c. 121
Created exception to the exclusion for work related illnesses and injuries for certain employees for whom worker's compensation coverage is optional	P.L. 1999, c. 383
Add coverage for certain infant formulas	P.L. 2001, c. 361
Add coverage for colorectal cancer screening; include as a service eligible under the preventive benefit	P.L. 2001, c. 295
Add coverage for newborn hearing screening	P.L. 2001, c. 373
Add variable language to address coverage for domestic partners	P.L. 2003, c. 246
For plans issued as high deductible health plans that could be issued in conjunction with an HSA, charges for treatment of lead-poisoned children is subject to the cash deductible	P.L. 2005, c. 248
Revise Coordination of Benefits provision	consistent with N.J.A.C. 11:4-28
Revise/add definitions and notice and disclosure provisions consistent with the Health Care Quality Act	N.J.A.C. 8:38
Revise penalty for failure to secure pre-approval to be a 50% reduction in benefits	N.J.A.C. 11:4-42.8(a)3
Specify coverage for reconstructive breast surgery, and physical complications of mastectomy and lymphodemas	Federal Women's Health and Cancer Rights Act
Amend network provisions to address automatic furnishing of provider lists	29 C.F.R. section 2520
Amend definition of Federally Defined Eligible Individual to address a significant break in coverage.	45 C.F.R. 148.103
Amend definition of Creditable Coverage to include S-CHIP and coverage under a public health plan from a foreign country	45 C.F.R. Part 146
Amend the termination provision to allow continued coverage for a person who becomes eligible for coverage under a group health benefits plan, group health plan, or coverage under a church plan	45 C.F.R. 148.122
Amend exclusion for services or supplies by a Government or VA hospital to exempt a uniformed services beneficiary	32 C.F.R. Section 220
Delete Right to Recovery - Third Party Liability provision	169 N.J. 399 (2001); NJDOBI Bulletin 01-11

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Description of Amendment	Reason
CHANGES CONSISTENT WITH CONSENSUS DOCUMENT	
Add variable text to address coverage for patient participating in scientifically valid cancer clinical trials	12/99 agreement - NJ Working Group to Improve Outcomes in Cancer Patients

CHANGES TO BENEFIT SPECIFICATIONS	
The list of services that requires preapproval may include, at the option of the carrier, speech, cognitive rehabilitation, occupational and physical therapies and therapeutic manipulation	Board Initiated
Preapproval is required for the exchange of unused inpatient days for non-biologically based mental illness and substance abuse for additional outpatient visits	Board Initiated
At the option of the carrier, preapproval may be required for certain prescription drugs	Board Initiated
Replace Coinsurance Cap and Coinsured Charge Limit Provisions with Maximum Out-of-Pocket Provisions	Board Initiated
Add optional deductible and coinsurance provisions to HMO plans	Board Initiated
Allow $5,000 and $10,000 deductible options with Plans A/50, B, C and D; eliminate the $500 deducitble for Plan D	Board Initiated
Expand HMO and PPO copayment options to include $40 and $50; eliminate the $10 and $20 copayment options	Board Initiated
Further clarify that the emergency room copayment is in addition to the applicable deductible, coinsurance and copayment. Increase the copayment to $100	Board Initiated
At the option of the carrier, the maternity copayment may be $25 for the initial visit, $0 copayments thereafter, or the same as the physician visit copayment for the initial visit and $0 copayment thereafter.	Board Initiated
Allow higher copayment for specialist visits as compared to PCP visits	Board initiated
Allow higher copaymet for outpatient surgery performed in the outpatient department of a hospital rather than an ambulatory surgical center	Board initiated
Add coverage for medically necessary replacements of various covered supplies	Board Initiated
Add coverage for certain therapies as might be used to treat a biologically based mental illness	Board Initiated
Replace the 60-day per incident of illness or injury limit for certain therapy services with a 30-visit limit per calendar year; applicable to HMO coverage.	Board Initiated
Increase the annual preventive care allowance from $300/$500 to $500/$750	Board Initiated
Include bone density tests to the list of possible uses of the preventive care allowance	Board Initiated
Clarify the definition for reasonable and customary to note that the consumer may be billed for any excess	Board Initiated
Clarify the vision screening benefit to explain that it is limited to a screening done in the course of a routine physical	Board Initiated
Delete the exclusion for methadone maintenance	Board Initiated
Add coverage for intestine transplants; add coverage for certain donor costs	Board Initiated
Amend the exclusions to specifically exclude coverage for dental implants, lasik surgery	Board Initiated