

Summary of Major Changes to the Small Employer Health Benefits Program Standard Plans
Operative Date: October 1, 2004

Description of Amendment	Reason	Plan A		Plans B-E		HMO		HMO-POS		Other
		Policy	Cert	Policy	Cert	Contract	EOC	Contract	EOC	
CHANGES TO COMPLY WITH LAW										
Add coverage for one mammogram per year for females age 40 and over	P.L. 1999, c. 341	added	added	added	added	already covered	already covered	already covered in network, added to non-network	already covered in network, added to non-network	N/A
Add specific coverage for the treatment of hemophilia	P.L. 2000, c. 121	N/A	N/A	added	added	added	added	added	added	N/A
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	added	added	added	added	added	added	added	added	Rx Rider added
Provide 60-day notice of a change in rates	P.L. 2003, c. 27	added	added	added	added	added	added	added	added	N/A
Provide network payment to network hospital regardless of whether the admitting physician is a network physician	P.L. 2001, c. 367	N/A	N/A	added to POS provisions	added to POS provisions	N/A	N/A	added	added	N/A
Amend participation requirements to provide credit for persons covered under another group plan and Medicare	P.L. 2001, c. 346	added	N/A	added	N/A	added	N/A	added	N/A	N/A
Add coverage for certain infant formulas	P.L. 2001, c. 361	N/A	N/A	added	added	added	added	added	added	N/A
Add coverage for colorectal cancer screening; include as a service eligible under the preventive benefit	P.L. 2001, c. 295	N/A	N/A	added	added	added service, preventive change N/A	added service, preventive change N/A	added	added	N/A
Add coverage for newborn hearing screening	P.L. 2001, c. 373	N/A	N/A	added	added	added	added	added	added	N/A
Add variable language to address coverage for domestic partners	P.L. 2003, c. 246	added	added	added	added	added	added	added	added	N/A
Revise Coordination of Benefits provision	N.J.A.C. 11:4-28	added	added	added	added	added	added	added	added	N/A
Revise/add definitions and notice and disclosure provisions consistent with the Health Care Quality Act	N.J.A.C. 8:38	added	added	added	added	added	added	added	added	N/A
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	added	added	added	added	N/A	N/A	N/A for network, added to non-network	N/A for network, added to non-network	N/A
Specify coverage for reconstructive breast surgery, and physical complications of mastectomy and lymphodemas	Federal Women's Health and Cancer Rights Act	added	added	added	added	added	added	added	added	N/A
Direct carriers to include claims procedure requirements	29 C.F.R. section 2560	added	added	added	added	added	added	added	added	N/A
Amend ERISA text	29 C.F.R. section 2520	N/A	added	N/A	added	N/A	added	N/A	added	N/A
Amend network provisions to address automatic furnishing of provider lists	29 C.F.R. section 2520	added	added	added	added	added	added	added	added	N/A

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CHANGES TO COMPLY WITH LAW										
Amend Continuation provisions under Federal Law to conform to recent amendments	COBRA	added	added	added	added	added	added	added	added	N/A
Amend exclusion for services or supplies by a Government or VA hospital to exempt a uniformed services beneficiary	32 C.F.R. Section 220	added	added	added	added	added	added	added	added	N/A
Delete Right to Recovery - Third Party Liability provision	169 N.J. 399 (2001); NJDOBI Bulletin 01-11	deleted	deleted	deleted	deleted	deleted	deleted	deleted	deleted	N/A

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	N/A	N/A	added	added	added	added	added	added	N/A

CHANGES TO BENEFIT SPECIFICATIONS										
Prescription Drug Coverage included in the plan is subject to the non-network level of coverage	Board Initiated	N/A	N/A	added for PPO and POS	added for PPO and POS	N/A	N/A	added	added	N/A
The list of services that requires preapproval may include, at the option of the carrier, speech, cognitive rehabilitation, occupational and physical therapies	Board Initiated	N/A	N/A	added	added	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A	added	added	added	added	added	added	N/A
At the option of the carrier, preapproval may be required for certain prescription drugs	Board Initiated	N/A	N/A	added	added	added	added	added	added	Rx Rider added
Delete \$1,000,000 lifetime maximum in Plan B	Board Initiated	N/A	N/A	deleted for Plan B	deleted for Plan B	N/A	N/A	N/A	N/A	N/A
Replace Coinsurance Cap and Coinsured Charge Limit Provisions with Maximum Out-of-Pocket Provisions	Board Initiated	replaced	replaced	replaced	replaced	replaced	replaced	replaced	replaced	N/A
Add optional deductible and coinsurance provisions to HMO and HMO-POS plans	Board Initiated	N/A	N/A	N/A	N/A	added	added	added	added	N/A
Expand the deductible options to allow amounts from \$250 - \$5,000	Board Initiated	N/A	N/A	added	added	added if using deductible / coinsurance	added if using deductible / coinsurance	added	added	N/A

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CHANGES TO BENEFIT SPECIFICATIONS										
Expand the copayment options to include \$40 and \$50	Board Initiated	added for PPO and POS	added for PPO and POS	added for PPO and POS	added for PPO and POS	added	added	added	added	N/A
Further clarify that the emergency room copayment is in addition to the applicable deductible, coinsurance and copayment.	Board Initiated	N/A	N/A	added	added	added	added	added	added	N/A
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	added for PPO and POS	added for PPO and POS	added for PPO and POS	added for PPO and POS	added	added	added	added	N/A
At the option of the carrier, the emergency room copayment may be \$50, \$75 or \$100	Board Initiated	N/A	N/A	added	added	added	added	added	added	N/A
Add coverage for medically necessary replacements of various covered supplies	Board Initiated	added	added	added	added	added	added	added	added	N/A
Add coverage for certain therapies as might be used to treat a biologically based mental illness	Board Initiated	N/A	N/A	added	added	added	added	added	added	N/A
Replace the 60-day per incident of illness or injury limit for certain therapy services with a 30-visit limit per calendar year	Board Initiated	N/A	N/A	N/A	N/A	replaced	replaced	replaced	replaced	N/A
Increase the annual preventive care allowance from \$300/\$500 to \$500/\$750	Board Initiated	N/A	N/A	increased	increased	N/A	N/A	N/A for network, increased for non-network	N/A for network, increased for non-network	N/A
Include bone density tests to the list of possible uses of the preventive care allowance	Board Initiated	added	added	added	added	added	added	added	added	N/A
Clarify the definition for reasonable and customary to note that the consumer may be billed for any excess	Board Initiated	added	added	added	added	added	added	added	added	N/A
Clarify the vision screening benefit to explain that it is limited to a screening done in the course of a routine physical	Board Initiated	N/A	N/A	added	added	added	added	added	added	N/A
Add coverage for intestine transplants; add coverage for certain donor costs	Board Initiated	N/A	N/A	added	added	added	added	added	added	N/A
Amend the exclusions to specifically exclude coverage for dental implants, lasik surgery	Board Initiated	amended	amended	amended	amended	amended	amended	amended	amended	N/A
Amend the exclusions to specifically exclude coverage for donor sperm and surrogate motherhood	Board Initiated	N/A	N/A	amended	amended	amended	amended	amended	amended	N/A
Delete the exclusion for supplies related to methadone maintenance	Board Initiated	deleted	deleted	deleted	deleted	deleted	deleted	deleted	deleted	N/A