INSURANCE

DEPARTMENT OF BANKING AND INSURANCE

INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD

Individual Health Coverage Program

Individual Health Benefits Plans

Proposed Amendments: N.J.A.C. 11:20 Appendix Exhibits A and B.

Authorized By: New Jersey Individual Health Coverage Program Board, Ellen DeRosa, Executive Director.

Authority: N.J.S.A. 17B:27A-2 et seq.

Adopted Amendments: N.J.A.C. 11:20 Appendix Exhibits A and B.

Authorized By: New Jersey Individual Health Coverage Program Board, Ellen DeRosa, Executive Director

Authority: N.J.S.A. 17B:27A-2 et seq.

Proposed: September 10, 2015

Adopted: October 21, 2015 by the New Jersey Individual Health Coverage Program Board, Ellen DeRosa, Executive Director

Filed: as R. 2015 d. ____ **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Effective Date: January 1, 2016

Expiration Date:

Summary of Hearing Officer Recommendations and Agency Responses:

The New Jersey Individual Health Coverage Program Board (IHC Board) held a hearing on September 24, 2015 at 9:00 A.M. at the Department of Banking and Insurance, 11th floor Conference Room, 20 West State Street, Trenton, New Jersey to receive testimony with

respect to the standard health benefits plans, set forth in Exhibits A and B. Ellen DeRosa, Executive Director of the IHC Board, served as hearing officer.

No persons attended the hearing and thus no testimony was provided during the hearing. The hearing officer made no recommendations regarding the proposed amendments. The hearing record may be reviewed by contacting Ellen DeRosa, Executive Director, New Jersey Individual Health Coverage Program Board, P.O. Box 325, Trenton, NJ 08625-0325.

Summary of Public Comments and Agency Responses

No comments were received.

Summary of Agency Initiated Amendments

As required by Section 1302(c)(1) of the Patient Protection and Affordable Care Act (ACA) and the FAQs about ACA Implementation dated May 26, 2015, the IHC Board proposed amending the maximum out of pocket (MOOP) text used for plans issued as high deductible health plans to allow a single person covered under a family plan to satisfy the single MOOP rather than requiring the single person to satisfy the family MOOP. The IHC Board believes the policy form text included in the proposed amendments to Exhibits A and B were not sufficiently clear to explain that while the single person covered under a family plan is only required to satisfy the single MOOP, that the single person must have satisfied the family deductible. On adoption the IHC Board is clarifying the text used for the MOOP to make it clear that the single person covered under a family plan must incur charges to satisfy the family deductible and those charges accumulate toward the single MOOP.

Federal Standards Statement

State agencies that propose to adopt or amend State rules that exceed Federal standards regarding the same subject matter are required to include in the rulemaking document a Federal standards analysis. These adopted amendments are subject to Federal requirements addressing certain standards for health insurance contracts as discussed in the proposal summary. In addition, the adopted amendment regarding the definition of eligible person is subject to Federal guidance regarding Medicare as set forth in the FAQ Regarding Medicare and the Marketplace updated August 28, 2014 and the adopted amendment regarding the calculation of the maximum out of pocket is subject to Section 1302(c)(1) of the ACA. The IHC Board does not believe the adopted amendments exceed the Federal requirements.