

Compliance and Variability Rider Text for Plans B – E

1. The following benefits are added to the **Schedule of Insurance and Premium Rates**, under **[Calendar][Plan] Year Cash Deductible**:

Insulin	NONE
Prescription Asthma Inhaler	NONE
Epinephrine Auto-Injector Device	NONE

[Note to Carriers: Exclude this item when issuing high deductible health plans that could be used in conjunction with an HSA, where the deductible must be applied]

2. The following benefits are added to the **Schedule of Insurance and Premium Rates**, to describe the **Copayments** for the following benefits:

Insulin Copayment [not to exceed \$35 per 30 day supply]

Epinephrine Auto-Injector Device Copayment [not to exceed \$25 per 30 day supply]
(copayment for at least one device)

Prescription Asthma Inhaler Copayment[not to exceed \$50 per 30 day supply]

3. The following benefits are added to the **Schedule of Insurance and Premium Rates**, under **The Coinsurance for this Policy is as follows** :

Insulin	0%
Prescription Asthma Inhaler	0%
Epinephrine Auto-Injector Device	0%

4. The definition of **Durable Medical Equipment** in the **Definitions** section is deleted and replaced with the following:

Durable Medical Equipment is equipment which is:

- a) designed and able to withstand repeated use;
- b) primarily and customarily used to serve a medical purpose;
- c) generally not useful to a Covered Person in the absence of an Illness or Injury; and
- d) suitable for use in the home.

Some examples are walkers, wheelchairs, hospital-type beds, breathing equipment and apnea monitors. Items such as walkers and wheelchairs are examples of durable medical equipment that are also habilitative devices.

Among other things, Durable Medical Equipment does not include adjustments made to vehicles, air conditioners, air purifiers, humidifiers, dehumidifiers, elevators, ramps, stair glides, Emergency Alert equipment, handrails, heat appliances, improvements made to the home or place of business, waterbeds, whirlpool baths and exercise and massage equipment.

5. The definition of **Inpatient** in the **Definitions** section is deleted and replaced with the following:

Inpatient means a Covered Person who is physically confined as a registered bed patient in a Hospital or other recognized health care Facility, including the Covered Person's home when admitted under the Hospital at Home Program under P.L.2023, c.163; or services and supplies provided in such settings.

6. Within the definitions of **Telehealth** and **Telemedicine** in the **Definitions** section the citation title is changed to N.J.S.A. 45:1-61 to 66, from P.L.2017,c.117.

7. Within the explanation for **Practitioner's Charges for Telehealth and/or Telemedicine** within **COVERED CHARGES** of the **Health Benefits Insurance** section the citation title is changed to N.J.S.A. 45:1-61 to 66, from P.L.2017,c.117.

8. The explanation for **Durable Medical Equipment** within **COVERED CHARGES** of the **Health Benefits Insurance** section is amended to remove hearing aids as an example of durable medical equipment.

9. The explanation for **Prescription Drugs** within **COVERED CHARGES** of the **Health Benefits Insurance** section is amended to always include the following statement at the end of the provision:

Exception: The cost-sharing limitations set forth in P.L. 2023, c. 105 are not applicable to high deductible health plans. These prescription drugs are subject to the minimum deductible permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code. The deductible for this coverage is stated in the Schedule.

10. The explanation for **Hearing Aids** within **COVERED CHARGES** of the **Health Benefits Insurance** section is deleted and replaced with:

Hearing Aids and Cochlear Implants

[Carrier] covers charges for medically necessary services incurred in the purchase of a hearing aid for a Covered Person. Coverage includes the purchase of one hearing aid for each hearing-impaired ear every 24 months. Coverage for all other medically necessary services incurred in the purchase of a hearing aid is unlimited. Such medically necessary services include fittings, examinations, hearing tests, dispensing fees, modifications and repairs, ear molds and headbands for bone-anchored hearing implants. The hearing aid must be recommended or prescribed by a licensed physician or audiologist.

The deductible, coinsurance or copayment applicable Primary Care Provider visits will apply to the purchase of a hearing aid. The deductible, coinsurance or copayment as applicable to a non-specialist physician visit for treatment of an Illness or Injury will apply to the medically necessary services incurred in the purchase of a hearing aid.

Hearing aids are habilitative devices.

We cover charges for the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device, including replacement of obsolete external cochlear implant processors.

11. A provision for **Treatment of Diabetes** has been added within **COVERED CHARGES** of the **Health Benefits Insurance** section:

Treatment of Diabetes.

[Carrier] covers expenses incurred for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a Practitioner, including a nurse practitioner/clinical nurse specialist: blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar.

Coverage under this provision for a short-acting, intermediate acting, rapid acting, long-acting, and pre-mixed insulin product is provided without the application of any deductible, and any copayment or coinsurance for the purchase of such insulin product shall not exceed \$35 per 30-day supply.

[Carrier] covers expenses incurred for diabetes self-management education to ensure that Covered Persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diet. Diabetes self-management education shall be provided by a dietitian registered by a nationally recognized professional association of dietitians, or a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators or a registered pharmacist in the State qualified with regard to management education for diabetes by any institution recognized by the board of pharmacy of the State of New Jersey.

12. In the **Exclusions** section, the exclusion referencing **Hearing Aids** has been deleted and replaced with:

Except as stated in the **Hearing Aids and Cochlear Implants** and **Newborn Hearing Screening** provisions, Services or supplies related to *hearing aids and hearing exams* to determine the need for hearing aids or the need to adjust them.

13. In the **Exclusions** section, the exclusion for **Non-prescription drugs** has been deleted and replaced with:

Non-prescription drugs or supplies, except

- a) blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar;
- b) colostomy bags, belts and irrigators;
- c) as stated in this Policy for food and food products for inherited metabolic diseases; and
- d) as stated in this Policy for contraceptives.

Compliance and Variability Text for HMO Plans

1. The following benefits have been added to **SERVICES COPAYMENTS/COINSURANCES** within the **SCHEDULE OF SERVICES AND SUPPLIES** section:

Insulin Copayment [not to exceed \$35 per 30 day supply]

Epinephrine Auto-Injector Device Copayment [not to exceed \$25 per 30 day supply]
(copayment for at least one device)

Prescription Asthma Inhaler Copayment[not to exceed \$50 per 30 day supply]

2. The following benefits are added to the **SCHEDULE OF SERVICES AND SUPPLIES**, under **DEDUCTIBLE PER [CALENDAR][PLAN] YEAR**:

Insulin	NONE
Prescription Asthma Inhaler	NONE
Epinephrine Auto-Injector Device	NONE

[Note to Carriers: Exclude this item when issuing high deductible health plans that could be used in conjunction with an HSA, where the deductible must be applied]

3. The following benefits are added to the **SCHEDULE OF SERVICES AND SUPPLIES**, under **COINSURANCE**:

Insulin	NONE
Prescription Asthma Inhaler	NONE
Epinephrine Auto-Injector Device	NONE

4. The definition of **DURABLE MEDICAL EQUIPMENT** in the **DEFINITIONS** section is deleted and replaced with the following:

DURABLE MEDICAL EQUIPMENT. Equipment We Determine to be:

- a) designed and able to withstand repeated use;
- b) used primarily and customarily for a medical purpose;
- c) is generally not useful to a[Member] in the absence of an Illness or Injury; and
- d) suitable for use in the home.

Durable Medical Equipment includes, but is not limited to, apnea monitors, breathing equipment, hospital-type beds, walkers, and wheelchairs. Items such as walkers and wheelchairs are examples durable medical equipment that are also habilitative devices.

Among other things, Durable Medical Equipment does not include: adjustments made to vehicles, air conditioners, air purifiers, humidifiers, dehumidifiers, elevators, ramps, stair glides, Emergency Alert equipment, handrails, heat appliances, improvements made to a [Member]'s home or place of business, waterbeds, whirlpool baths, hearing aids exercise and massage equipment.

5. The definition of **INPATIENT** in the **DEFINITIONS** section is deleted and replaced with the following:

INPATIENT. [Member] if physically confined as a registered bed patient in a Hospital or other recognized health care Facility, including the Covered Person's home when admitted under the Hospital at Home Program under P.L. 2023, c. 163; or services and supplies provided in such a setting.

6. The definition of **Prescription Drugs** in the **DEFINITIONS** section is amended to always include the following statement at the end of the definition:

Exception: The cost-sharing limitations set forth in P.L. 2023, c. 105 are not applicable to high deductible health plans. These prescription drugs are subject to the minimum deductible permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code. The deductible for this coverage is stated in the Schedule.

7. Within the definition for **Telehealth** and **Telemedicine** in the **DEFINITIONS** section the citation title is changed to N.J.S.A. 45:1-61 to 66, from P.L.2017,c.117.

8. The explanation of **Prescription Drugs which require a Practitioner's prescription**, of the **COVERED SERVICES AND SUPPLIES** section is amended to delete *insulin syringes and insulin needles, glucose test strips and lancets* and replace with "and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar".

9. The explanation of **Hearing Aids**, in the **COVERED SERVICES AND SUPPLIES** section is deleted and replaced with:

Hearing Aids and Cochlear Implants. We provide coverage for medically necessary services incurred in the purchase of a hearing aid for a [Member]. Coverage includes the purchase of one hearing aid for each hearing-impaired ear every 24 months. Coverage for all other medically necessary services incurred in the purchase of a hearing aid is unlimited. Such medically necessary services include fittings, examinations, hearing tests, dispensing

fees, modifications and repairs, ear molds and headbands for bone-anchored hearing implants. The hearing aid must be recommended or prescribed by a licensed physician or audiologist.

The deductible, coinsurance or copayment applicable to [Durable Medical Equipment] Primary Care Provider visits will apply to the purchase of a hearing aid. The deductible, coinsurance or copayment as applicable to a non-specialist physician visit for treatment of an Illness or Injury will apply to medically necessary services incurred in the purchase of a hearing aid.

Hearing aids are habilitative devices.

We cover charges for the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device, including replacement of obsolete external cochlear implant processors.

10. Within the explanation of **Practitioner's Charges for Telehealth and/or Telemedicine** within the **COVERED CHARGES** section the citation title is changed to N.J.S.A. 45:1-61 to 66, from P.L.2017,c.117.

11. A provision for **Treatment of Diabetes** has been added within the **COVERED CHARGES** section:

Treatment of Diabetes. We cover expenses incurred for the following equipment and supplies for the treatment of diabetes, if recommended or prescribed by a Practitioner, including a nurse practitioner/clinical nurse specialist: blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar. \

Coverage under this provision for a short-acting, intermediate acting, rapid acting, long-acting, and pre-mixed insulin product in each category is provided without the application of any deductible, and any copayment or coinsurance for the purchase of such insulin product shall not exceed \$35 per 30-day supply.

We cover expenses incurred for diabetes self-management education to ensure that Covered Persons with diabetes are educated as to the proper self-management and treatment of their diabetic condition, including information on proper diet. Diabetes self-management education shall be provided by a dietitian registered by a nationally recognized professional association of dietitians, or a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators or a registered pharmacist in the State qualified with regard to management education for diabetes by any institution recognized by the board of pharmacy of the State of New Jersey.

12. In the **NON-COVERED SERVICES AND SUPPLIES** section, the non-covered item referencing **Hearing Aids** has been deleted and replaced with:

Except as otherwise stated in the Hearing Aids and Cochlear Implants and Newborn Hearing Screening provisions, services or supplies related to **hearing aids and hearing examinations** to determine the need for hearing aids or the need to adjust them.

13. In the **NON-COVERED SERVICES AND SUPPLIES** section, the non-covered item for **Non-prescription drugs** has been deleted and replaced with:

Non-prescription drugs or supplies, except;

- a) blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar;
- b) colostomy bags, belts, and irrigators;
- c) as stated in this Contract for food and food products for inherited metabolic diseases; and
- d) as stated in this Contract for contraceptives.