

INSURANCE

DEPARTMENT OF BANKING AND INSURANCE

SMALL EMPLOYER HEALTH BENEFITS PROGRAM

Small Employer Health Benefits Plans

Proposed Amendments: N.J.A.C. 11:21 Appendix Exhibits F, G, W and Y

Authorized By: New Jersey Small Employer Health Benefits Program Board of Directors
(Margaret Koller, Chairperson).

Authority: N.J.S.A. 17B:27A-17 through 56

Calendar Reference: See Summary below for the explanation of the inapplicability of the calendar requirement.

Proposal Number: PRN 2026 -.

As required pursuant to N.J.S.A. 17B:27A-51, interested parties may testify with respect to the standard health benefits plans, set forth at N.J.A.C. 11:21 Appendix Exhibits F, G, W and Y at a virtual **public hearing** using Zoom to be held on November 4, 2026, at 10:00 AM. The meeting can be accessed at:

<https://www.zoomgov.com/j/1658642994?pwd=6RDNTxuy2ZJqh8b2bZKWIOcVCU64se.1>

Meeting ID: 165 864 2994

Passcode: 355197

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 646 964 1167 US (US Spanish Line)

+1 415 449 4000 US (US Spanish Line)

+1 551 285 1373 US (New Jersey)

+1 669 216 1590 US (San Jose)

Submit comments by November 10, 2026 to:

New Jersey Small Employer Health Benefits Program Board
PO Box 325
Trenton, NJ 08625-0325
Fax: 609-633-2030
E-mail: ihcsehprograms@doib.nj.gov

The agency proposal follows:

Summary

The Small Employer Health Benefits (SEH) Program Board of Directors (Board or SEH Board) establishes the standard health benefits plans (standard plans) that may be offered in the small employer market in New Jersey, pursuant to the authority of P.L. 1992, c.162 (codified at N.J.S.A. 17B:27A-17 through 56), as subsequently amended and supplemented. The Board has set forth the requirements with which carriers must comply in offering standard plans in rules at N.J.A.C. 11:21, and has set forth standard plan language for policies, contracts, certificates, and evidences of coverage in the Appendix to N.J.A.C. 11:21. Specifically, the language for the policy forms for the standard plans known as Plans B, C, D, and E are in Exhibit F of the Appendix, while the language of the certificates is contained at Exhibit W; and the language for the contract form for the HMO Plan is in Exhibit G, while the language for the HMO evidence of coverage is in Exhibit Y. In developing their policies/contracts and certificates/evidences of coverage, carriers also refer to Exhibit K, which provides explanations about how carriers may use certain variable language in the standard plans.

The SEH Board proposes the following amendments to the standard plans in Appendix Exhibits F, G, W and Y (standard plan documents).

To comply with P.L. 2025, c.194 (Chapter 194), which extends the time period in which to enroll newborn children in health benefits coverage from 60 to 90 days following birth, the Board proposes amendments to the Eligibility section of the standard plan documents, to extend that timeframe accordingly.

The Board proposes amendments to comply with P.L.2025, c.196 (Chapter 196), which requires prescription drug coverage for HIV prophylaxis that is provided by a pharmacist, without an individual prescription, under certain conditions. Specifically, the Board proposes the addition of a new coverage provision for “HIV Prophylaxis,” which provides coverage for HIV preexposure prophylaxis and HIV postexposure prophylaxis furnished without an individual prescription that is provided by a pharmacist that meets the requirements set forth in section 2 of Chapter 196, without requiring prior authorization or step therapy. Reflecting Chapter 196, the proposed amendments limit coverage for HIV preexposure prophylaxis provided pursuant to Chapter 196, to a 90-day supply for a single patient within a given two-year period. Furthermore, the proposed amendments include variable language to limit coverage to a particular drug, device or product, when more than one therapeutically equivalent version has been approved by the federal Food and Drug Administration, consistent with the requirements of Chapter 196. Finally, the proposed amendments include definitions for the terms “HIV”, “HIV Preexposure Prophylaxis”, “HIV Postexposure Prophylaxis” and “Step Therapy”, matching the definitions set forth in Chapter 196.

The Board proposes amendments required by P.L.2025, c.200 (Chapter 200), which mandates health insurance coverage for medically necessary perimenopause and menopause treatments. Specifically, the Board proposes the addition of a new coverage provision titled “Perimenopause and Menopause Treatment.” The proposed amendments provide that carriers must provide coverage for expenses incurred in obtaining medically necessary treatment for

women with a diagnosis of perimenopause, menopause, and symptoms associated with perimenopause and menopause, including, but not limited to: 1) hormonal therapies such as hormone replacement therapy and bioidentical hormone treatments; 2) non-hormonal treatments, including medications to manage perimenopause and menopausal symptoms; 3) behavioral health care services; 4) pelvic floor physical therapy; 5) bone health treatments, including screenings and medications due to hormonal changes related to perimenopause and menopause; 6) preventative services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force for early detection and treatment of health conditions related to perimenopause and menopause such as osteoporosis and cancer; and 7) counseling regarding menopause management. The proposed amendments include definitions for the terms “perimenopause” and “menopause” that match the definitions set forth in Chapter 200.

To comply with P.L.2025, c.283 (Chapter 283), the Board proposes amendments to remove references to the Advisory Committee on Immunization Practices of the United States Public Health Services (Advisory Committee). Chapter 283 updates coverage requirements for childhood immunizations from those recommended by the Advisory Committee and the New Jersey Department of Health, to immunizations recommended by the New Jersey Department of Health, which must consider the recommendations of the Advisory Committee and other institutions named in the law. Consistent with the requirements of Chapter 283, the Board proposes amendments to the definition of “Preventive Care”, and to the coverage provisions for immunizations and lead screening, to remove references to the Advisory Committee.

The Board proposes amendments to comply with P.L.2025, c.369 (Chapter 369), which requires health insurance coverage for screening, prevention and treatment services of behavioral health issues affecting children. Specifically, the Board proposes the addition of a new coverage

provision for “Childhood Behavioral Health Screening, Prevention and Treatment”, which provides that the carrier covers medical expenses incurred in screening, prevention and treatment services of behavioral health issues in children who are 18 years of age or under with an at-risk diagnosis. The proposed amendments nonexclusively list covered services as screenings and individual, group, and family psychotherapy to individuals with potential mental health disorders not yet diagnosed. The proposed amendments include a definition for “at-risk diagnosis” matching the definition set forth in Chapter 369.

The Board proposes amendments to include coverage for annual wellness visits, consistent with the requirements of P.L.2025, c.386 (Chapter 386). Chapter 386 requires carriers to provide coverage for one annual wellness visit for covered persons over three years of age, without imposing a waiting period between visits. The Board proposes amendments to the coverage provision concerning “Preventive Care” in the standard plan documents to require annual wellness visit coverage as mandated by Chapter 386, which visit may occur at any time during the calendar year, regardless of whether and when the covered person received a wellness visit in the prior calendar year.

The Board proposes several housekeeping amendments to correct formatting, grammatical and typographical errors throughout the standard plan documents. Additionally, the Board proposes amendments to the coverage provision concerning prescription drugs to include a note to carriers, stating that carriers are limited to the pharmaceutical tiers set forth in N.J.A.C.11:22-5.9 – generic, preferred, and non-preferred; and that carriers may not implement a separate tier for specialty drugs or subdivide generic drugs into preferred and non-preferred tiers.

SEH Rulemaking Procedures

The Board is proposing these amendments in accordance with the special action process established at N.J.S.A. 17B:27A-51, as an alternative to the common rulemaking process specified at N.J.S.A. 52:14B-1 et seq. Pursuant to N.J.S.A. 17B:27A-51, the Board may expedite adoption of certain actions, including modification of the SEH Program's health benefits plans and policy forms, if the Board provides interested parties a minimum 20-day period during which to comment on the Board's intended action following the issuance of a legal notice of the intended action, with instructions for obtaining a detailed description of the proposed action and the manner for submitting comments to the Board. Pursuant to P.L.2025, c.72, the legal notice must be published on the Board's website. Concurrently, the Board must forward notice of the proposed action to the Office of Administrative Law (OAL) for publication in the New Jersey Register (note, however, that the comment period runs from the date the notice of the proposed action is submitted to the newspapers and OAL, not from the date of publication of the notice in the New Jersey Register). The Board is also required to send notice of the intended action to affected trade and professional associations, carriers, and other interested persons who may request such notice. In addition, for intended modifications to the health benefits plans, the Board must allow for testimony to be presented at a public hearing prior to adopting any such modifications. The date, time, and place of the public hearing for these specific proposed amendments is presented at the beginning of this notice.

Subsequently, the Board may adopt its proposed action immediately upon the close of the comment period or the public hearing (whichever occurs later) by submitting the adopted action to the OAL for publication. The adopted action is effective upon the date of its submission to the OAL, or such later date as the Board may designate. The Board need not respond to commenters

as part of the notice of adoption, but if the Board does not, the Board will respond to (timely submitted) comments shortly thereafter in a separately prepared report, which will be submitted to OAL for publication in the New Jersey Register.

Because expedited actions adopted by the Board pursuant to N.J.S.A. 17B:27A-51 are accomplished notwithstanding the provisions of the Administrative Procedure Act, the quarterly calendar requirement established by the Administrative Procedure Act and set forth at N.J.A.C. 17:30-3.1 is not applicable when the SEH Board uses its special rulemaking procedures. Please note that the unique provisions of N.J.S.A. 17B:27A-51 may result in the publication of this rule proposal in the New Jersey Register after the comment period has concluded.

Social Impact

The Board anticipates that the proposed amendments will have a positive social impact by updating the standard plan documents to reflect recent changes to health insurance requirements enacted by the Legislature. The amendments will ensure that covered persons enrolled in standard plan coverage receive the benefits and consumer protections required by law.

Specifically, the proposed amendments implement Chapter 194 by extending the time period during which a newborn may be enrolled in a health benefits plan, reducing the likelihood that eligible newborns experience gaps in coverage. The proposed amendments include prescription benefits coverage for HIV preexposure prophylaxis and HIV postexposure prophylaxis, consistent with Chapter 196, improving timely access to preventative medications intended to reduce HIV transmission. In addition, the amendments will implement the coverage required by Chapter 200, for medically necessary treatment related to perimenopause and menopause treatment. The proposed amendments implement coverage for screening, prevention and treatment services for pediatric behavioral health issues using an “at-risk diagnosis”, as

required by Chapter 369 promoting earlier identification and intervention for children experiencing behavioral health concerns. Finally, the proposed amendments will implement Chapter 386, which ensures that insurance carriers must cover an annual wellness visit for covered persons over the age of three, without making them wait 12 months between visits. Collectively, the proposed amendments align the standard plan documents with current statutory requirements and improve access to covered health care services for New Jersey residents.

For these reasons, the proposed amendments to the standard plan documents will have a positive social impact.

Economic Impact

The proposed amendments are not expected to directly impose economic costs on consumers, carriers or providers beyond those costs associated with compliance with the underlying statutory mandates discussed above. The amendments revise the standard plan documents to align with the benefits and coverage requirements that carriers are already required by law to provide. Further, the proposed amendments will not result in any additional administrative, enforcement or oversight cost for the Board.

For the foregoing reasons, the Board does not anticipate any significant economic impact as a result of the proposed amendments.

Federal Standards Analysis

As discussed in the Summary above, the proposed amendments are intended to comply with recently enacted State law, and are not being proposed under the authority of, or in order to implement, comply with or participate in, any program established under Federal law or under a State statute that incorporates or refers to Federal law, standards or requirements as set forth at N.J.A.C. 1:30-5.1(c)4. Accordingly, no Federal standards analysis is required.

Jobs Impact

The Board does not anticipate that any jobs will be generated or lost as a result of the proposed amendments, as the amendments relate to the terms of standard plan documents issued by carriers offering small employer health benefits plans in this State. Commenters may submit data or studies on the potential jobs impact of the proposed amendments together with their comments on other aspects of the Notice of Proposal.

Agriculture Industry Impact

The Board does not believe the proposed amendments will have any impact on the agriculture industry in New Jersey as the proposed amendments relate to the terms of standard plan documents issued by carriers offering small employer health benefits plans in this State.

Regulatory Flexibility Analysis

The Board does not believe the proposed amendments apply to “small businesses,” as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 to -21, but acknowledges the possibility that one or more carriers might meet that definition. The proposed amendments do not establish new or additional reporting or recordkeeping requirements, but may have the effect of establishing new compliance requirements, as described in the Summary above.

No differentiation in compliance requirements is provided based on business size. The requirements of, and the goals to be achieved by, the Federal and State laws in question do not vary based on business size of a carrier, and the SEH Board would not be at liberty to make such a distinction, even if the SEH Board were to consider such a distinction warranted. Accordingly, the proposed amendments provide no differentiation in compliance requirements based on business size. No additional professional services would have to be employed in order to comply with the proposed amendments.

The SEH Board notes that compliance with the new mandates, and thus, implementation of the proposed amendments, can be achieved using current technology.

Housing Affordability Impact Analysis

The SEH Board does not believe the proposed amendments will have an impact on housing affordability in this State or evoke a change in the average costs of housing in this State in that the proposed amendments relate to the terms of standard health benefits plans offered in New Jersey.

Smart Growth Development Impact Analysis

The Board does not believe the proposed amendments will have an impact on smart growth in the State, or that the proposed amendments will have an effect on smart growth development in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan. The proposed amendments relate to the terms of standard health benefits plans offered in New Jersey.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Board has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the proposal follows:

OFFICE OF ADMINISTRATIVE LAW NOTE: The New Jersey Small Employer Health Benefits Program Board is proposing amendments to N.J.A.C. 11:21 Appendix Exhibits F, G, W and Y. Pursuant to N.J.S.A. 52:14B-7(c) and N.J.A.C. 1:30-5.2(a)2, the Exhibits as proposed are not published herein, but may be reviewed by contacting:

New Jersey Small Employer Health Benefits Program
20 West State Street, 11th Floor
PO Box 325
Trenton, NJ 08625-0325
ihcsehprograms@dobi.nj.gov

or

New Jersey Office of Administrative Law
9 Quakerbridge Plaza
PO Box 049
Trenton, NJ 08625-0049
oal.comments@oal.nj.gov