

**PUBLIC NOTICE**

**INSURANCE**

**DEPARTMENT OF BANKING AND INSURANCE**

**DIVISION OF INSURANCE**

**OFFICE OF THE COMMISSIONER**

**Health Wellness Promotion Act**

**Notice of Mandated Adjustments to Benefit Payments and Value for Services  
Schedule**

**Take notice** that the Commissioner of Banking and Insurance, in compliance with sections 3, 4, 5, 6, 7 and 8 of the Health Wellness Promotion Act, P.L. 1993, c. 327 (as codified: N.J.S.A. 17:48-6i, 17:48A-7h, 17:48E-35.6, 17B:26-2.1h, 17B:27-46.1h and 26:2J-4.6(c)) (the "Act"), hereby adjusts the maximum dollar amounts for benefits or services that carriers and HMOs are required to provide or allow for the schedule of screens, tests and services set forth in the Act (or for a different schedule of such screens, tests and services for a specific insured or member when determined by a health care provider to be medically appropriate in accordance with the Act). These adjustments are based on an average 3.7 percent increase from December 2009 to December 2010 in the medical component of the Consumer Price Index for all urban consumers in the New York-Northern New Jersey-Long Island region and the

Philadelphia-Wilmington-Atlantic City region as reported by the United States

Department of Labor. The required dollar amounts shall be as follows:

1. \$231.00 a year for each person between the ages of 20 to 39 inclusive;
2. \$269.00 a year for each man of 40 years of age and older;
3. \$436.00 a year for each woman of 40 years of age and older; and

4. \$276.00 for a left-sided colon examination for each person 45 years of age and older, which shall be in addition to the amounts otherwise specified in Items 2 and 3 above.

These adjustments shall take effect for all policies and contracts issued or renewed on or after July 1, 2011.