requirements as set forth at N.J.A.C. 1:30-5.1(c)4. Accordingly, a Federal standards analysis is not required.

Full text of the adoption follows:

OFFICE OF ADMINISTRATIVE LAW NOTE: The New Jersey Small Employer Health Benefits Program Board is adopting amendments at N.J.A.C. 11:20 Appendix Exhibits A and B. Pursuant to N.J.S.A. 52:14B-7(c) and N.J.A.C. 1:30-5.2(a)2, the Exhibits, as adopted, are not published in this notice of adoption, 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

(a)

DEPARTMENT OF BANKING AND INSURANCE
SMALL EMPLOYER HEALTH BENEFITS PROGRAM
Small Employer Health Benefit Plans
Adopted Amendments: N.J.A.C. 11:21 Appendix Exhibits F, G, W, and Y

Proposed: November 22, 2024 (see 57 N.J.R. 9(a)).
Adopted: December 18, 2024, by the New Jersey Small Employer Health Benefits Program Board, Margaret Koller, Chairperson.

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

Filed: December 18, 2024, as R.2025 d.015, **without change**.

Effective Date: December 18, 2024.
Expiration Date: September 11, 2030.

Summary of Hearing Officer's Recommendations and Agency Responses:

The New Jersey Small Employer Health Benefits Program Board (SEH Board) held a hearing on Monday, December 9, 2024, by Zoom, to receive testimony with respect to the health benefits plans set forth at N.J.A.C. 11:21 Appendix Exhibits F, G, W, and Y. Ava Rimal, Regulatory Officer, served as the hearing officer.

The hearing officer made no recommendations regarding the proposed amendments. The hearing record may be reviewed by contacting the New Jersey Small Employer Health Benefits Program Board, PO Box 325, Trenton, NJ 08625-0325.

Summary of Public Comments and Agency Responses:

No comments were received.

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. The proposed amendments to the standard plan documents consistent with Chapters 105 and 275 do not implicate any Federal standards, therefore, a Federal standards analysis is not required. The proposed amendments to the standard plan documents consistent with Chapter 194 do not exceed Federal standards, but require carriers to meet the Federal standards set forth in the ACA. Accordingly, a Federal standards analysis is not required.

Full text of the adoption follows:

OFFICE OF ADMINISTRATIVE LAW NOTE: The New Jersey Small Employer Health Benefits Program Board is adopting amendments at 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 adopted, are not published in this notice of adoption, but may be reviewed by contacting:

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(b)

DEPARTMENT OF BANKING AND INSURANCE
INDIVIDUAL HEALTH COVERAGE PROGRAM
Notice of Readoption
Individual Health Coverage Program Health Benefits Plans
Readoption: N.J.A.C. 11:20

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, and 17B:27A-2 et seq.

Authorized By: Justin Zimmerman, Commissioner, Department of Banking and Insurance; Sandi Kelly, Chairperson, Individual Health Coverage Program.

Effective Date: December 12, 2024.
New Expiration Date: December 12, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:20 were scheduled to expire on January 12, 2025. The rules set forth in this chapter implement the Individual Health Coverage (IHC) Program pursuant to N.J.S.A. 17B:27A-2 et seq., the Individual Health Insurance Reform Act (the Act). Some of the subchapters within this chapter were promulgated by the Department of Banking and Insurance (Department), specifically N.J.A.C. 11:20-3A, 6, 7, 11, and 18 and chapter Appendices Exhibits E and J; the remainder of the subchapters were promulgated by the IHC Board, specifically, N.J.A.C. 11:20-1, 2, 3, 8, 12, 17, 19, 20, 23, and 24, and chapter Appendices Exhibits A through D and K.

The rules promulgated by the Department and N.J.A.C. 11:20-3A set forth the requirements and procedures by which carriers seeking to enter the individual plan market and carriers issuing plans in the individual plan market shall certify substantial compliance with provisions in the approved individual plans, as required pursuant to N.J.S.A. 17B:27A-7(d). N.J.A.C. 11:20-6 establishes informational rate filing requirements and procedures for members issuing or renewing individual health benefits plans pursuant to N.J.S.A. 17B:27A-9(d). N.J.A.C. 11:20-7 implements the loss ratio and refund reporting requirements pursuant to N.J.S.A. 17B:27A-9(e). N.J.A.C. 11:20-11 establishes the informational and procedural requirements for members requesting relief from obligations to pay assessments pursuant to N.J.S.A. 17B:27A-12(a)(3) (including assessments for IHC Program losses and administrative expenses), or to offer coverage or accept applications to provide a standard health benefits plan to eligible persons, pursuant to N.J.S.A. 17B:27A-8. N.J.A.C. 11:20-18 establishes the requirements and procedures by which carriers issuing plans pursuant to the Act may cease doing business in the individual plan market in this State. Additionally, this subchapter establishes the requirements and procedures by which carriers may cease issuing and renewing: all individual plans; a specific plan, by issuing the same plan through a different delivery mechanism; a specific plan option, by offering an alternative approved plan option; or a specific deductible/copayment option that is optional pursuant to N.J.A.C. 11:20-3.1.

In addition, the following appendices are applicable to N.J.A.C. 11:20-3A, 6, 7, 11, and 18: Appendix Exhibit E, Certification of Compliance with Individual Health Coverage Plans, referenced at N.J.A.C. 11:20-

3A.2, and Exhibit J, Loss Ratio Report Form, referenced at N.J.A.C. 11:20-7.3.

The rules promulgated by the IHC Board within Subchapter 1 of N.J.A.C. 11:20 establish procedures and standards applicable for the fair, reasonable, and equitable administration of the IHC Program pursuant to the Act. This subchapter also sets forth definitions of terms that are used throughout Chapter 20.

Subchapter 2, Individual Health Coverage Program Plan of Operation, sets forth the fair, reasonable, and equitable manner in which the IHC Board will administer the IHC Program. Included in this subchapter are: the powers of the IHC Board; guidelines on election and membership of the IHC Board; the election, membership, and responsibilities of Committees; the financial administration of the IHC Program; provisions regarding independent audits under the IHC Program; the recordkeeping requirements of the IHC Board; provisions regarding the standard health benefits plans; the assessment mechanism for administrative expenses of the IHC Program; notice requirements for carriers seeking a deferral from assessment; the consequences of a carrier's failure to pay an assessment; and provisions regarding penalties and disputes arising under the IHC Program.

Subchapter 3 addresses benefits offered in the individual market. N.J.A.C. 11:20-3.1 identifies the standard health benefit plans, Plans A/50, B, C, D, and HMO, which carriers offering coverage in the individual market must issue and renew. The text of the plans is set forth at N.J.A.C. 11:20 Appendix Exhibits A and B, with variable text detailed at N.J.A.C. 11:20 Appendix Exhibit C. N.J.A.C. 11:20-3.1 provides a description of the standard health benefits plans that must be offered by carriers in the individual market, as well as various options that may be offered by carriers in the individual market. N.J.A.C. 11:20-3.1(e) sets forth the requirements for carriers that choose to make the standard plans available through or in conjunction with a selective contracting arrangement. N.J.A.C. 11:20-3.2 sets forth sample schedule language. The Compliance and Variability Rider, set forth as N.J.A.C. 11:20 Appendix Exhibit D, is the form a carrier must use if the carrier desires to implement regulatory changes to a plan without having to reissue the entire policy or contract. This rider may only be used in a manner consistent with the directions set forth at N.J.A.C. 11:20-3.3. N.J.A.C. 11:20-3.6 addresses the opportunity for carriers to create and file optional benefit riders that increase the benefits or actuarial value of the standard plans. N.J.A.C. 11:20-3.7 sets forth the provisions governing an IHC Board action to withdraw a standard plan or a plan option.

Subchapter 8 sets forth reporting and certification requirements for premium data as required of carriers with reportable accident and health premium in New Jersey. The Assessment Report is the form for reporting under this subchapter and is set forth as Exhibit K at N.J.A.C. 11:20 Appendix.

Subchapter 12 establishes the standards for determining who is eligible to be covered under standard individual health benefits plans, the standards for obtaining a standard health benefits plan by persons covered by a group health benefits plan and by persons already covered under another individual health benefits plan. This subchapter sets forth rules applicable to an annual open enrollment period as well as a special enrollment period.

Subchapter 17 establishes quarterly submissions of enrollment status reports by all carriers issuing individual health benefits plans whether through the Marketplace or directly by the carrier. The subchapter specifies the information the reports must contain.

Subchapter 19 sets forth the procedures for filing petitions for rulemaking with the IHC Board.

Subchapter 20 provides the procedures for appealing an action of the IHC Board.

Subchapter 23 addresses rulemaking notices, public notices, and the IHC Board's interested parties mailing list. N.J.A.C. 11:20-23.2 sets forth the types of notices that the IHC Board will provide when proposing rules pursuant to the Administrative Procedures Act (APA). N.J.A.C. 11:20-23.3 establishes the requirements for determining if "sufficient public interest" exists for the purposes of extending the public comment period for rulemaking. This rule is required by the APA. N.J.A.C. 11:20-23.4 sets forth the requirements for a public hearing on proposed rulemaking. N.J.A.C. 11:20-23.5 sets forth the requirements for the IHC Board to provide notice of new rules, amendments, repeals, or readoptions. N.J.A.C. 11:20-23.6 sets forth where the IHC Board shall provide public notice of board meetings. N.J.A.C. 11:20-23.7 sets forth the requirements for inclusion on the IHC Board's list of interested parties.

Subchapter 24 establishes certain standards that carriers issuing individual coverage must meet in offering and issuing standard health benefits plans and standard health benefits plans with riders to eligible persons off the marketplace. N.J.A.C. 11:20-24.2 sets forth standards for eligibility and issuance. N.J.A.C. 11:20-24.2A sets forth standards for triggering events that result in a special enrollment period. N.J.A.C. 11:20-24.3 sets forth information about the payment of premium. N.J.A.C. 11:20-24.4 establishes standards for effective dates of coverage. N.J.A.C. 11:20-24.6 establishes standards for the required good faith effort to market individual plans.

These rules implement essential provisions of the Act. The Department and the IHC Board have reviewed these rules and have determined that the rules should be readopted without amendment. The rules are necessary, reasonable, and proper for the purpose for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

(a)

DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE

Notice of Readoption
Health Care Quality Act Application to Insurance Companies, Health Service Corporations, Hospital Service Corporations and Medical Service Corporations
Readoption: N.J.A.C. 11:24A

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, 26:2J-1 et seq., 26:2S-1 et seq., and 26:2SS-1 et seq.

Authorized By: Justin Zimmerman, Commissioner, Department of Banking and Insurance.

Effective Date: December 19, 2024.
New Expiration Date: December 19, 2031.

Take notice that pursuant to the provisions at N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:24A were scheduled to expire on January 30, 2025. The rules in this chapter implement the provisions of the Health Care Quality Act (HCQA), P.L. 1997, c. 192 (substantially codified at N.J.S.A. 26:2S-1 et seq.). The HCQA established certain standards that must be met by various classes of carriers (insurers doing health insurance business, hospital service corporations, medical service corporations, health service corporations, and health maintenance organizations (HMOs) offering health benefits plans in New Jersey) but is primarily focused upon carriers offering managed care plans or other health benefits plans with utilization management (UM) features.

A summary of the subchapters at N.J.A.C. 11:24A follows:

N.J.A.C. 11:24A-1 sets forth the scope and purpose of the chapter, definitions used in the chapter, and compliance time frames that carriers must meet.

N.J.A.C. 11:24A-2 sets forth general provisions that are applicable to all carriers offering health benefits plans, as that term is defined. The subchapter includes the requirement that carriers submit a form, referred to as the HCQA Registration Form, to the Department of Banking and Insurance (Department) providing information about certain features that a carrier includes in all the health benefits plans that the carrier intends to offer in New Jersey. The subchapter specifies certain disclosures that all carriers are required to provide to subscribers, including descriptions of cost-sharing requirements, how services may be obtained, and use of emergency response systems in New Jersey. The subchapter includes statements that, to the extent such disclosures are contained in forms filed with the Department (such as policy forms and marketing material), such