

INSURANCE
DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF LIFE AND HEALTH

Individual Health Coverage Program

Policy Forms; Carriers Informational Rate Filing Requirements; Loss Ratio and Refund Reporting Requirements; Withdrawals of Carriers from the Individual Market and Withdrawal of Plan, Plan Option or Deductible/Copayment Option

Adopted New Rules: N.J.A.C. 11:20-3A, 6, 7 and 18 and 11:20 Appendix Exhibits E and J

Proposed: January 5, 2009 at 41 N.J.R. 73(a)

Adopted: March 20, 2009 by Steven M. Goldman, Commissioner, Department of Banking and Insurance

Filed: March 24, 2009 as R. 2009 d. 128, without change.

Authority: N.J.S.A. 17:1-8.1, 17:1-15e, 17B:27A-2 et seq., and P.L. 2008, c. 38.

Effective Date: April 20, 2009.

Expiration Date: December 7, 2010.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

The adopted new rules comply with the Federal Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191. The adopted new rules do not expand the requirements set forth in Federal law.

The adopted new rules comply with the following Federal laws: Section 1862(b) of the Social Security Act (Medicare as Secondary Payor), 42 U.S.C. §1395(b) (1994) and implementing regulations at 45 CFR Part 411; the Public Health Service Act, 42

U.S.C. §§300gg et seq. (incorporating the Federal Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191; the Newborns' and Mother's Health Care Protection Act of 1998, Pub. L. 104-204, 110 Stat. 1935 (1996); and the Women's Health and Cancer Rights Act of 1998, Pub. L. 105-277, Title IX, §903, 112 Stat.), and implementing regulations at 45 CFR Parts 145 and 146.

The adopted rules do not expand upon the requirements set forth in these Federal laws. There are no other Federal laws that apply to these rules.

Full text of the adopted new rules follows:

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