

CHAPTER 21

SMALL EMPLOYER HEALTH BENEFITS PROGRAM

Authority

N.J.S.A. 17:1-8.1, 17:1-15e, and 17B:27A-17 et seq.,
P.L. 2007, c. 345 and P.L. 2008, c. 38.

Source and Effective Date

R.2009 d.277 and d.278, effective August 18, 2009.
See: 41 N.J.R. 84(a), 41 N.J.R. 1147(a),
41 N.J.R. 3444(a), 41 N.J.R. 3451(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 21, Small Employer Health Benefits Program, expires on August 18, 2016. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 21, Small Employer Health Benefits Program, was adopted as R.1993 d.553, effective October 15, 1993. See: 25 N.J.R. 3599(a), 25 N.J.R. 5253(a).

Subchapter 14, Declaration and Approval of Reinsuring or Risk-Assuming Carrier Status, was adopted as R.1993 d.551, effective October 15, 1993. See: 25 N.J.R. 4572(a), 25 N.J.R. 5347(a).

Subchapter 15, Relief From Obligations Imposed Under the Small Employer Health Benefits Program, was adopted as R.1993 d.629, effective November 5, 1993. See: 25 N.J.R. 4577(a), 25 N.J.R. 5692(a).

Subchapter 6, Standard Employer and Employee Application and Small Employer Certification Forms, Subchapter 7, Program Compliance, Subchapter 17, Fair Meeting Standards, and Subchapter 18, Petitions for Rules, were adopted as R.1993 d.644, effective November 12, 1993. See: 25 N.J.R. 4437(a), 30 N.J.R. 5668(a).

Subchapter 3A, Non-Standard Health Benefits Plan, was adopted as R.1994 d.499, effective September 2, 1994. See: 26 N.J.R. 3421(a), 26 N.J.R. 4047(b).

Subchapter 9, Informational Rate Filing Requirements Pursuant to the Small Employer Health Benefits Program, was adopted as R.1994 d.25, effective December 9, 1993. See: 25 N.J.R. 5757(a), 26 N.J.R. 245(a).

Subchapter 16, Withdrawals of Small Employer Carriers From the Small Employer Health Benefits Plans Market, was adopted as R.1994 d.26, effective December 9, 1993. See: 25 N.J.R. 4859(a), 26 N.J.R. 247(a).

Subchapter 2, New Jersey Small Employer Health Benefits Program Plan of Operation, was adopted as R.1994 d.48, effective December 22, 1993. See: 25 N.J.R. 4563, 26 N.J.R. 391(a).

Subchapter 8, Carrier Certification of Non-Member Status, and Subchapter 10, The Market Share Report, were adopted as R.1994 d.228, effective April 11, 1994. See: 26 N.J.R. 1588(a), 26 N.J.R. 1873(a).

Subchapter 11, Nonstandard Health Benefits Plan Filings With the Commissioner: Form Filings and Request to Withdraw Plan Forms, was adopted as R.1994 d.580, effective November 21, 1994. See: 26 N.J.R. 3118(a), 26 N.J.R. 4620(a).

Subchapter 11, Nonstandard Health Benefits Plan Filings With the Commissioner: Form Filings and Request to Withdraw Plan Forms, was renamed Nonstandard Health Benefits Plans (Filings With the Commissioner): Requirements for Maintaining Nonstandard Plans, and Subchapter 14, Declaration and Approval of Reinsuring or Risk-Assuming Carrier Status, was repealed by R.1997 d.126, effective March 17, 1997. See: 28 N.J.R. 4364(a), 29 N.J.R. 887(b).

Subchapter 19, SEH Program Premium Comparison Survey, was adopted as R.1995 d.289, effective June 5, 1995. See: 27 N.J.R. 1127(b), 27 N.J.R. 2233(a).

Subchapter 7A, Loss Ratio Reports; Dividends and Credits, was adopted as R.1996 d.213, effective May 6, 1996. See: 28 N.J.R. 59(a), 28 N.J.R. 234(b), 28 N.J.R. 2388(a).

Subchapter 3A, Non-Standard Health Benefits Plan, was repealed and Subchapter 3A, Non-Standard Health Benefits Plans, was adopted as new rules by R.1997 d.62, effective February 3, 1997. See: 28 N.J.R. 4344(a), 29 N.J.R. 428(a).

Subchapter 13, Nonstandard Plans: Withdrawal of Plans, was adopted as R.1997 d.126, effective March 17, 1997. See: 28 N.J.R. 4364(a), 29 N.J.R. 887(b).

Pursuant to Executive Order No. 66(1978), Subchapters 1 through 7, 8, 10, 17, 18, and Appendix Exhibits A through KK of Chapter 21, Small Employer Health Benefits Program, were readopted as the Small Employer Health Benefits Program Board as R.1998 d.512, effective September 25, 1998 and Subchapters 7A, 9, 11, 13, 15, 16, 19 and Appendix were readopted as the Department of Banking and Insurance as R.1998 d.533, effective October 15, 1998. See: 30 N.J.R. 2815(a), 30 N.J.R. 3840(a); 30 N.J.R. 2978(a), 30 N.J.R. 4045(a).

Subchapter 20, Withdrawals of Standard SEH Plan Optional Benefit Riders, was adopted as R.1999 d.156, effective May 17, 1999. See: 31 N.J.R. 109(a), 31 N.J.R. 1357(a).

Subchapters 1, 2, 3, 4, 5, 6, 7, 8, 10, 17, 18, 23 and Appendix Exhibits H, N, O, T, CC, DD, and KK were readopted as R.2004 d.107, effective February 19, 2004. Subchapters 7A, 9, 11, 13, 15, 16, 19 and Appendix Exhibits BB, FF, and GG, were readopted as R.2004 d.108, effective February 19, 2004. As part of R.2004, d.107, Subchapter 5, Standard Claim Form, was repealed effective March 15, 2004. See: 35 N.J.R. 5011(a), 36 N.J.R. 1594(a); 35 N.J.R. 4438(a), 36 N.J.R. 1605(a).

Subchapter 20, Withdrawals of Standard SEH Plan Optional Benefit Riders, was readopted as R.2004 d.149, effective March 18, 2004. See: 36 N.J.R. 145(a), 36 N.J.R. 1942(a).

Subchapter 3A, Non-Standard Health Benefits Plans, expired on February 19, 2009.

Chapter 21, Small Employer Health Benefits Program, Subchapters 7A, 9, 11, 13, 15, 16, 19, 20 and 21, and Appendix Exhibits BB Parts 3 through 5, FF, and GG, were readopted as R.2009 d.277, effective August 18, 2009. See: Source and Effective Date. See, also, section annotations.

Chapter 21, Small Employer Health Benefits Program, Subchapters 1 through 3, 4 through 7, 8, 10, 17, 18, 23, and Appendix Exhibits A, D, F, G, H, K, N, O, T, V, W, Y, BB Parts 1, 2 and 6, CC, DD, HH, II and KK, were readopted as R.2009 d.278, effective August 18, 2009. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 11:21-1.1 Purpose and scope
- 11:21-1.2 Definitions
- 11:21-1.3 Communications with the Board
- 11:21-1.4 Penalties
- 11:21-1.5 Severability
- 11:21-1.6 Mission statement

SUBCHAPTER 2. NEW JERSEY SMALL EMPLOYER HEALTH BENEFITS PROGRAM PLAN OF OPERATION

- 11:21-2.1 Purpose and structure
- 11:21-2.2 Definitions
- 11:21-2.3 Powers of the Board

- 11:21-2.4 Plan of Operation
- 11:21-2.5 Board structure and meetings
- 11:21-2.6 Committees
- 11:21-2.7 Administrator or Executive Director selection and duties
- 11:21-2.8 Assessments for administrative and operating expenses
- 11:21-2.9 Reporting requirements
- 11:21-2.10 Financial administration
- 11:21-2.11 Records
- 11:21-2.12 Audit functions
- 11:21-2.13 Penalties/adjustments and dispute resolution
- 11:21-2.14 Indemnification
- 11:21-2.15 Amendment and termination
- 11:21-2.16 (Reserved)
- 11:21-2.17 Appeals

SUBCHAPTER 3. STANDARD BENEFIT PLANS AND RIDERS

- 11:21-3.1 Benefits provided
- 11:21-3.2 Optional benefit riders to standard plans and administrative functions

SUBCHAPTER 3A. (RESERVED)

SUBCHAPTER 4. POLICY FORMS

- 11:21-4.1 Policy forms
- 11:21-4.2 Certification or filing of forms
- 11:21-4.3 (Reserved)
- 11:21-4.4 Compliance and variability rider

SUBCHAPTER 5. (RESERVED)

SUBCHAPTER 6. STANDARD EMPLOYER AND EMPLOYEE APPLICATION AND SMALL EMPLOYER CERTIFICATION FORMS

- 11:21-6.1 Standard application form
- 11:21-6.2 Annual Small Employer Certification Form
- 11:21-6.3 (Reserved)
- 11:21-6.4 Waiver

SUBCHAPTER 7. PROGRAM COMPLIANCE

- 11:21-7.1 Purpose and scope
- 11:21-7.2 Determination of small employer status
- 11:21-7.3 Eligibility and issuance
- 11:21-7.4 Limitations on purchase by small employers of health benefits plans or riders with different actuarial value than existing plan
- 11:21-7.5 Participation requirements
- 11:21-7.6 Contribution requirements
- 11:21-7.7 Employee open enrollment period
- 11:21-7.7A Special enrollment period
- 11:21-7.8 Effective date of employer's coverage
- 11:21-7.9 Price quotes; disclosures
- 11:21-7.10 Tie-ins
- 11:21-7.11 Guaranteed renewal
- 11:21-7.12 Reporting requirements
- 11:21-7.13 Paying benefits
- 11:21-7.14 Permissible rate classification factors
- 11:21-7.15 Employer waiting period
- 11:21-7.16 Obligation to offer individual health benefits plans

SUBCHAPTER 7A. LOSS RATIO REPORTS; DIVIDENDS AND CREDITS

- 11:21-7A.1 Purpose
- 11:21-7A.2 Definitions
- 11:21-7A.3 Filing of loss ratio reports
- 11:21-7A.4 Contents of the loss ratio report
- 11:21-7A.5 Dividend or credit plan

SUBCHAPTER 8. CARRIER CERTIFICATION OF NON-MEMBER STATUS

- 11:21-8.1 Purpose and scope
- 11:21-8.2 Definitions
- 11:21-8.3 Non-member status
- 11:21-8.4 Non-member certification requests
- 11:21-8.5 Decisions on filings by the Board
- 11:21-8.6 Review

SUBCHAPTER 9. INFORMATIONAL RATE FILING REQUIREMENTS PURSUANT TO THE SMALL EMPLOYER HEALTH BENEFITS PROGRAM

- 11:21-9.1 Purpose and scope
- 11:21-9.2 Definitions
- 11:21-9.3 Informational rate filing requirements for small employer health benefits plans issued or renewed after December 31, 1993
- 11:21-9.4 Purchasing alliances
- 11:21-9.5 Informational filing procedures
- 11:21-9.6 Errors in rate quotations and rate calculation
- 11:21-9.7 Public disclosure of filed information
- 11:21-9.8 Penalties

SUBCHAPTER 10. THE MARKET SHARE REPORT

- 11:21-10.1 Scope and applicability
- 11:21-10.2 Definitions
- 11:21-10.3 Filing of the Market Share Report
- 11:21-10.4 Net earned premium
- 11:21-10.5 Certification
- 11:21-10.6 Failure to comply

SUBCHAPTER 11. NONSTANDARD HEALTH BENEFITS PLANS (FILINGS WITH THE COMMISSIONER): REQUIREMENTS FOR MAINTAINING NONSTANDARD PLANS

- 11:21-11.1 Purpose and scope
- 11:21-11.2 Definitions
- 11:21-11.3 General standards for continuing and renewing a nonstandard health benefits plan
- 11:21-11.4 Certification of benefits coverage and actuarial value of nonstandard health benefits plans
- 11:21-11.5 Closed books of business
- 11:21-11.6 Obligation to market
- 11:21-11.7 Amendments
- 11:21-11.8 Agreement by a carrier to add a nonstandard health benefits plan to its portfolio
- 11:21-11.9 Additional standards for certifications and standards for review of certifications by the Department
- 11:21-11.10 Informational filing of nonstandard health benefits plans (made in accordance with N.J.S.A. 17B:27A-19j(6)(a) on or before January 31, 1995)
- 11:21-11.11 Penalty and fines

SUBCHAPTER 12. (RESERVED)

SUBCHAPTER 13. NONSTANDARD PLANS: WITHDRAWAL OF PLANS

- 11:21-13.1 Purpose and scope
- 11:21-13.2 Definitions
- 11:21-13.3 Restricted withdrawal and marketing
- 11:21-13.4 Request to withdraw nonstandard health benefits plans
- 11:21-13.5 Review and approval of a request to withdraw
- 11:21-13.6 Standards for the process of withdrawal of a non-standard health benefits plan
- 11:21-13.7 Other policyholder rights unaffected