APPENDIX
EXHIBIT A

ORGANIZED DELIVERY SYSTEM

LICENSURE AND EXEMPTION FROM LICENSURE APPLICATION

INSTRUCTIONS

A checklist of documents to be submitted by an organized delivery system that assumes financial risk and seeks licensure or exemption from licensure pursuant to N.J.S.A. 17:48H-11 follows.

The application asks the applicant to specify whether it seeks licensure or expects to file for exemption. Where exemption is requested, the applicant should complete the application including an explanation as to how the exposure to financial loss is limited in amount or likelihood.

The checklist of required documents is divided into three sections:

Part A - the Application Cover Sheet, organizational information and standard forms of contracts;

Part B - financial information;

Part C – quality of care information,

Additional information may be required for review by the Commissioner of Banking and Insurance or the Commissioner of Health and Senior Services as deemed necessary in the course of reviewing the information submitted.

Pursuant to N.J.S.A. 17:48H-35, documents provided by the applicant that are deemed by the Commissioner of Banking and Insurance and the Commissioner of Health and Senior Services to be proprietary shall be confidential and shall not be considered public documents. The applicant is asked to identify those documents submitted with the application that it believes to be proprietary in nature by marking them confidential.

When preparing your response, please number each item to correspond with the section and the number of the item on the checklist.

Submit two (2) copies of your application (Parts A, B and C) to:

New Jersey Department of Banking and Insurance
Office of Life and Health
Attn: Organized Delivery System License
20 West State St.
P.O. Box 325
Trenton, NJ 08625-0325

ORGANIZED DELIVERY SYSTEM

LICENSURE AND EXEMPTION FROM LICENSURE APPLICATION

CHECKLIST OF DOCUMENTS REQUIRED

PART A

1. The completed Application Cover Sheet (form enclosed).

2. The completed Irrevocable Consent to Jurisdiction of the Commissioner and New Jersey Courts (form enclosed).

3. The completed Appointment of Attorney for the State of New Jersey appointing the Commissioner of Banking and Insurance as attorney for service of process (form enclosed).

4. A copy of the applicant organization's basic organization documents which shall include but not be limited to, articles of incorporation, articles of association, partnership agreement, management agreement, trust agreement or other applicable documents as appropriate to the applicant's form of business entity and all amendments to those documents.

5. A copy of the executed bylaws, rules and regulations, or similar documents, regulating the conduct of the applicant's internal affairs.

6. Biographical Affidavits of the persons who are to be responsible for the conduct of the affairs of the applicant. (form enclosed) This shall include but not be limited to:
   a) Members of the board of directors, executive committee or other governing board or committee, the principal officers, medical director, if applicable, and any person or entity owning or having the right to acquire 10 percent or more of the voting securities of the applicant;
   b) In the case of a partnership or association, the names of the partners or members;
   c) Each person who has loaned funds to the applicant for the operation of its business; and
   d) A statement of any criminal convictions or civil, enforcement or regulatory action, including actions relating to professional licenses, taken against any person who is a member of the board, the executive committee or other governing board or committee or the principal officers, or the person who is responsible for the conduct of the affairs of the applicant.

7. A business plan consisting of:

   a) An organizational chart;
   b) A statement generally describing the applicant, its facilities, personnel, and the health care services to be offered by the organized delivery system;
   c) A list of the geographical areas in which the services are to be performed and approximate numbers of providers who will provide the services;
   d) A description of any administrative services for which the applicant will be responsible;
   e) A list of any affiliate of the applicant that provides services to the applicant in this State and a description of any material transaction between the affiliate and the applicant;
   f) A description of any arrangements between the applicant and any other organized delivery system or subcontractor for services associated with the provision of health care services;
   g) A description of any reinsurance or stop loss arrangements;
   h) A plan, in the event of insolvency of the organized delivery system, for continuation of the health care services to be provided for under the contracts;
   i) A description of the means by which the organized delivery system will be compensated under contracts with carriers;
   j) A description of the arrangement for the applicant's reporting of data to the carriers and a description of the carriers' oversight responsibilities.

8. A copy of the standard form of any provider agreement made or to be made between the applicant and any providers relative to the provision of health care services.

9. A copy of the form of any contract between the applicant and any other ODS or subcontractor for services associated with the provision of health care services.

10. A copy of the form of any contract made or to be made between the applicant and any carrier for the provision of or arrangement to provide health care services, which contract shall contain provisions establishing the respective duties of the carrier and the applicant with respect to compliance with N.J.S.A. 26:2S-1 et seq.

11. A list of all administrative, civil or criminal actions and proceedings to which the applicant, or any of its affiliates, or persons who are responsible for the conduct of the affairs of the applicant or affiliate, have been subject and the resolution of those actions and proceedings. If a license, certificate or other authority to operate has been refused, suspended or revoked by any jurisdiction, the applicant shall provide a copy of any orders, proceedings and determinations relating thereto.

12. A list of all states in which the applicant has been or currently is doing business as described in the application.

ORGANIZED DELIVERY SYSTEM
LICENSURE AND EXEMPTION FROM LICENSURE
APPLICATION COVER SHEET

1. Type of Application: Licensure _____ Exemption _____
   If seeking exemption, explain why exemption is appropriate _____
   _____
   _____

2. Name of Applicant _____

3. Physical Address of Applicant _____
   _____
   _____
   _____

4. Mailing Address _____
   _____
   _____

5. Organizational Information
   _____ Corporation _____ Trust _____ LLC
   _____ Prof. Corp. _____ Prof. Assoc. _____ Other

6. Provide a brief description of the services that the applicant will be providing:
   _____
   _____
   _____
   _____

7. City and State of Incorporation (if appl.) City _____ State _____

8. Federal Employer Identification number or _____ - _____
   Social Security Number _____ - _____ - _____

9. Contact Person _____

10. Phone Number ( ) _____

11. Toll Free Number ( ) _____

12. Fax Number ( ) _____

13. E-Mail Address _____

14. Resident Status _____ Resident of New Jersey

_____ County in which Home Office is located for NJ Residents

_____ Non-Resident of New Jersey

Certification

I (Name and Title) certify that I am authorized to file this certification on behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of information, knowledge and belief, and that the Department of Banking and Insurance and Department of Health and Senior Services may rely on the information set forth in the application and herein in determining whether to grant a license pursuant to N.J.S.A. 17:48H-1 et seq.

I further certify that _____ is familiar and will comply with the requirements set forth in N.J.S.A.
(Name of Applicant)
17:48H-1 et seq. and N.J.A.C. 11:22-3.

_____ _____
Signature of Applicant Full Legal Name (Type or Print)

_____ _____
Title Date

IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER AND NEW JERSEY COURTS

THE STATE OF _____)
)KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF _____)

That _____ of
(name of applicant)

_____ is filing herewith its application for a license or a certificate (circle as
(domiciliary city and state)

appropriate) to operate as an organized delivery system in the State of New Jersey,

That, upon issuance of said license by the Commissioner of Banking and Insurance;

_____ shall consent to the jurisdiction of the
(name of applicant)

Commissioner of Banking and Insurance and all New Jersey courts in relation to any transactions or other activity subject to regulation under N.J.S.A. 17B:48H-1 et seq. and all other applicable New Jersey statutes or rules; and

That such consent to the jurisdiction of the Commissioner of Banking and Insurance and the New Jersey courts shall be and remain irrevocable for as long as

_____ possesses a license from the Commissioner of Banking and Insurance or
(name of applicant)

engages in business as an organized delivery system in or from the State of New Jersey, and until all contractual obligations in the State of New Jersey are satisfied.

Witness our hands and the impress of the seal of said applicant, this _____ day of

_____, 20_____.

(Corporate Seal--if applicable)

_____
(Signature) President
(or authorized representative)

Attest:

_____
(Print or Type Name)

_____
(Signature) Secretary
(or authorized representative)

_____
(Print or Type Name)

Appointment of Attorney for the State of New Jersey

KNOW ALL MEN BY THESE PRESENTS: That the _____ of the _____ of _____ in the _____ of _____, desiring to do business in the State of New Jersey in conformity with the laws thereof, hereby, constitutes and appoints the Commissioner of Banking and Insurance of New Jersey, and his or her successor in office, to be its true and lawful Attorney, upon whom all original process in any action or legal proceeding against said _____ may be served. And the said _____ hereby stipulates and agrees that any original process against it, which is served upon said Attorney, shall be of the same legal force and validity as if served upon said _____, and that the authority of said Attorney shall continue in force irrevocable so long as any liability of said _____ remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said _____ has caused these presents to be subscribed by its President, and attested by its Secretary, and its corporate seal to be hereunto affixed, this _____ day of _____ 20_____.

(Corporate Seal--if applicable)

_____
President
(or authorized representative)

_____
(Print or Type Name)

Attest:

_____
Secretary
(or authorized representative)

_____
(Print or Type Name)

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Applicant (Do not use Group Names)_____

In connection with the above-named applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS 'NO' OR 'NONE', SO STATE.

1. Affiant's Full Name* (Initials not acceptable). _____

2. Have you ever had your name changed? _____ If yes, give the reason for the change.

   a) Other names used at any time. _____

3. Affiant's Social Security Number*. _____

4. Date and place of birth. _____

5. Affiant's business address. _____
   Business telephone. _____

6. List your residences for the last ten (10) years starting with your current address, giving:

DATE	ADDRESS	CITY and STATE

7. Education: dates, names, locations and degrees.
   a) College. _____
   b) Graduate Studies. _____
   c) Others. _____

* These items may be submitted on a separate form to maintain confidentiality.

8. List of memberships in professional societies and associations. _____

9. Present or proposed position with the applicant. _____

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

DATE	EMPLOYER and ADDRESS	TITLE

11. Present employer may be contacted. _____ Yes _____ No
Former employers may be contacted. _____ Yes _____ No

12. Have you ever been in a position that required a fidelity bond? _____ If any claims were made on the bond, give details.

a) Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? _____ If yes, give details. _____

13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).

14. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____ If yes, give details. _____

15. List any insurers, prepaid dental plans, health service corporations or health maintenance organizations, in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

If any of the stock is pledged or hypothecated in any way, give details. _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant-organized delivery system or its affiliates? _____. If any of the shares or stock are pledged or hypothecated in any way, give details. _____

17. Have you ever been adjudged a bankrupt? _____

18. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or *nolo contendere* to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency? _____ If yes, give details. _____

    a) Has any company been so charged, allegedly as a result of any action or conduct on your part? _____ If yes, give details. _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, which, while you occupied such a position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of authority or license to do business of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details.

Dated and signed this _____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to be best of my knowledge and belief.

_____
(Signature of Affiant)

State of _____
County of _____
Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ of _____ 20_____.

_____
(Notary Public)

My Commission Expires _____

ORGANIZED DELIVERY SYSTEM

LICENSURE AND EXEMPTION FROM LICENSURE APPLICATION

CHECKLIST OF DOCUMENTS REQUIRED

PART B

1. A copy of the applicant's most recent financial statements audited by an independent certified public accountant. If the financial affairs of the applicant's parent company are audited by an independent certified public accountant, but those of the applicant are not, then a copy of the most recent audited financial statement of the applicant's parent company, audited by an independent certified public accountant, shall be submitted. A consolidated financial statement of the applicant and its parent company shall satisfy this requirement unless the Commissioner determines that additional or more recent financial information is required.

2. A copy of the applicant's financial plan, including:

   a) A three-year projection of anticipated operating results, on a statutory basis in accordance with the NAIC Accounting Practices and Procedures Manual (or for one year beyond the anticipated "break-even" year). The projections shall be on a quarterly basis for the first year, and on an annual basis for the subsequent years;
   b) A description of the assumptions used in the projections that shall include an explanation of each line item;
   c) A statement of the sources of working capital and any other sources of funding and provisions for contingencies.

3. A copy of each reinsurance or stop loss contract.

ORGANIZED DELIVERY SYSTEM

LICENSURE AND EXEMPTION FROM LICENSURE APPLICATION

CHECKLIST OF DOCUMENTS REQUIRED

PART C

1. With respect to each contract made or to be made between the applicant and any other person who will provide comprehensive or limited health care services:
   a) A list of all participating providers by county, municipality and zip code, accompanied by maps of the service area identifying the location of these providers by address. This list shall include the names of all health care professionals, physicians (by specialty and with hospital affiliation, if applicable), hospitals, health care facilities, and ancillary providers to provide health care services, including affiliates as listed in "c" below (the persons who are to provide the health care services, and the geographical area in which they are located and in which the services are to be performed);
   b) The criteria regarding geographic accessibility and availability of the health care provider network as related to the carrier's enrollment projections and the criteria to be used to maintain the appropriate numbers and types of providers as enrollment increases;
   c) A list of any affiliate of the applicant that provides services to the applicant in this State and a description of any material transaction between the affiliate and the applicant;
   d) A detailed description of all health care services and/or benefits to be offered or proposed to be offered and a detailed description of all administrative services for which the applicant will be responsible;
   e) A description and a flow chart of the complaint and appeal procedures as delineated in N.J.A.C. 8:38A-4.6, if applicable;
   f) A description and a flow chart of the continuous quality improvement program as delineated in N.J.A.C. 8:38A-3.8, if applicable;
   g) A description and a flow chart of the utilization management program, including the process for appealing utilization management determinations as delineated in N.J.A.C. 8:38A-3.4 – 3.7, 4.11 and 4.12, if applicable;
   h) A description and a flow chart of the provider credentialing program as delineated in N.J.A.C. 8:38A-4.5;
   i) A description of the arrangement for the applicant's reporting of data to the carrier and a description of the arrangement for the carrier's oversight responsibilities;
   j) A description of the method by which enrollees and providers will be informed of changes in the health care delivery system and/or network, if applicable;
   k) A plan, in the event of the insolvency of the organized delivery system, for continuation of the health care services to be provided for under the contract;
   l) A description of the means by which the organized delivery system shall be compensated for each contract entered into with a carrier;
   m) A description and a flow chart of how emergency/urgent medical services will be available 24 hours a day, seven days a week; and
   n) The attached tables immediately following.

TABLE 1: SUMMARY OF PHYSICIANS BY COUNTY (INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)																						
	New Jersey Counties																					
Type of Provider	ATL	BER	BUR	CAM	CAP	CUM	ESS	GLO	HUD	HUN	MER	MID	MON	MOR	OCE	PAS	SAL	SOM	SUS	UNI	WAR	STATE-WIDE
A. PRIMARY CARE PHYSICIANS																						
1. Family Practice																						
2. General Practice																						
3. Internal Medicine																						
4. Pediatrics																						
Subtotal																						
B. SPECIALTY CARE PHYSICIANS																						
1. Cardiologist																						
2. Dermatologist																						
3. Endocrinologist																						
4. Immunologist/Allergist																						
5. Infectious Disease Specialist																						
6. Gastroenterologist																						
7. General Surgeon																						
8. Nephrologist																						
9. Neurologist																						
10. Obstetrician/Gynecologist																						
11. Oncologist/Hematologist																						
12. Ophthalmologist																						
13. Orthopedist																						
14. Oral Surgeon																						
15. Otolaryngologist																						
16. Physiatrist																						
17. Psychiatrist																						
18. Pulmonologist																						
19. Urologist																						
20. Other MD/DO Only (Please Specify)																						
Subtotal																						

TABLE 2: GENERAL ACUTE HOSPITALS		
Note: Sort participating hospitals alphabetically by county and alphabetically within each county. If a hospital has more than one location in the county, make a separate row for each such location.		
Name of Hospital	**County**	**Date of Initial Contract**

TABLE 3: SUMMARY OF ANCILLARY, TERTIARY AND SPECIALIZED PROVIDERS BY COUNTY (INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)																						
Type of Provider	**New Jersey Counties**																					
	ATL	BER	BUR	CAM	CAP	CUM	ESS	GLO	HUD	HUN	MER	MID	MON	MOR	OCE	PAS	SAL	SOM	SUS	UNI	WAR	STATE - WIDE
A. ANCILLARY PROVIDERS 1. Optometrists																						
2. Physical Therapy Centers																						
3. Psychologists																						
4.Occupational Therapy Centers																						
5. Speech Therapy Centers																						
6. Audiology Centers																						
7. Laboratory Centers																						
8. Diagnostic Radiology Centers																						
9. Home Health Agencies																						
10. MRI Centers																						
11. Other (Please Specify)																						
B. TERTIARY AND SPECIALTY																						
1. Level I and II Trauma Centers																						
2. Perinatal Service Facilities																						
3. Tertiary Pediatric Centers																						
4. Inpatient Adult Psychiatric Facilities																						
5. Outpatient Adult Psychiatric Centers																						
6. Inpatient Pediatric Psychiatric Facilities																						

TABLE 3: SUMMARY OF ANCILLARY, TERTIARY AND SPECIALIZED PROVIDERS BY COUNTY (INDICATE NUMBER OF PROVIDERS IN EACH COUNTY) ***Continued***

Type of Provider	New Jersey Counties																					
	ATL	BER	BUR	CAM	CAP	CUM	ESS	GLO	HUD	HUN	MER	MID	MON	MOR	OCE	PAS	SAL	SOM	SUS	UNI	WAR	STATE - WIDE
7. Outpatient Pediatric Psychiatric Service Centers																						
8. Inpatient Rehabilitation Facilities																						
9. Outpatient Rehabilitation Centers																						
10. Inpatient Substance Abuse Facilities																						
11. Outpatient Substance Abuse Centers																						
12. Skilled Nursing Facilities																						
13. Hospice Agencies																						
14. Inpatient Radiation Therapy Centers																						
15. Outpatient Radiation Therapy Ctrs																						
16. Diagnostic Cardiac Catherization Centers																						
Specialty Outpatient Centers:																						
HIV/AIDS Centers																						
Sickle Cell Anemia Centers																						
Hemophilia Centers																						
Craniofacial Centers																						
Congenital Anomalies Centers																						
Renal Dialysis Centers																						

EXHIBIT B

ORGANIZED DELIVERY SYSTEMS

EXAMPLES

Example 1.

Nature of Services

Carrier contracts with Contractor to provide and/or arrange for the provision of certain mental health and substance abuse services to individuals covered by the Carrier's benefit plans.

Method of Payment

Carrier pays Contractor an administrative fee on a per Member Per Month basis. The Carrier is responsible for depositing amounts to pay for mental health and substance abuse services into a bank account designated by a claims administrator. The carrier is responsible for adequately funding the account, which will be used to pay claims for services received by covered persons. Providers are paid on a fee for service basis.

Determination

The Contractor is an Organized Delivery System providing limited health care services. However, the Contractor receives only an administrative fee and the Carrier is responsible for all claim costs, the Contractor does not assume financial risk. Therefore, the Contractor must apply to the Department of Health and Senior Services for Certification as an Organized Delivery System.

Example 2.

Nature of Services

Carrier contracts with Contractor to provide and/or arrange for the provision of certain mental health and substance abuse services to individuals covered by the Carrier's benefit plans.

Method of Payment

Carrier pays Contractor an administrative fee on a Per Member Per Month basis subject to adjustments based on a comparison of actual claim costs to target claim costs. The Carrier is responsible for depositing amounts to pay for mental health and substance abuse services into a bank account designated by an administrator. Such funds will be used to pay claims for services received by covered persons. Providers are paid on a fee for service basis.

Determination

The Contractor is an Organized Delivery System providing limited health care services. Since the Contractor shares the risk for claim costs through adjustments to the administrative fee, the Contractor does assume financial risk. Therefore, the Contractor must apply to the Department of Banking & Insurance for licensure as an Organized Delivery System or, upon demonstration that the risk is de minimis, exemption from licensure. If the Department of Banking & Insurance agrees that the risk is de minimis, the Carrier will be required to obtain Certification as an Organized Delivery System from the Department of Health & Senior Services.

Example 3.

Nature of Services

Carrier contracts with a physician hospital organization ("PHO") for comprehensive heath care services. The PHO contracts with hospitals and physicians to provide a network for delivery of services. In some cases the PHO does not contract directly with physicians, but instead contracts with individual practice associations ("IPA"), which in turn contract with physicians other than its shareholders to provide services.

Method of Payment

Carrier pays the PHO a Per Member Per Month fee. The PHO reimburses the hospitals on a reduced fee for service basis or on a case rate basis. Generally, the physicians are paid on a capitation basis, however specialists are reimbursed on a reduced fee for service basis. The IPAs, which are paid a Per Member per Month fee, pay physicians on a capitation basis, and also reimburse specialists on a reduced fee for service basis.

Determination

The PHO is an Organized Delivery System providing comprehensive health care services and assuming financial risk. Therefore, the PHO must apply to the Department of Banking and Insurance for licensure as an Organized Delivery System. The IPAs, which indirectly provide a network of providers to the carrier, are also risk assuming and must apply for licensure as Organized Delivery Systems.

EXHIBIT C

Organized Delivery System

Request for Withdrawal of Funds from Segregated Account

Name of Organized Delivery System: _____

Contact information of individual to whom correspondence concerning this request should be addressed:

Name_____
Title_____
Address_____
Telephone Number_____
Fax Number_____

Amount of proposed withdrawal: _____

The proposed date of withdrawal: _____

Form of payment (cash or other assets): _____

The amounts and dates and forms of payment for all withdrawals (including withdrawals made pursuant to N.J.A.C.11:22-4.8(d) which did not exceed 10% of total net worth of the segregated account) made within the period of 12 months preceding the proposed date of withdrawal.

_____
_____
_____
_____

For the quarter immediately preceding:

Total Assets in Segregated Account at end of quarter: _____

Net Worth of Segregated Account at end of quarter: _____

Required Net Worth at end of quarter: _____

For the quarter following the withdrawal:

Projected assets in Segregated Account at end of quarter: _____

Projected Net Worth of Segregated Account at end of quarter: _____

Projected required Net Worth at end of quarter: _____

A brief statement as to the effect of the proposed withdrawal upon the organized delivery system's net worth and the reasonableness of net worth in relation to the organized delivery system's outstanding liabilities and the adequacy of net worth relative to the organized delivery system's financial needs.

_____
_____
_____
_____
_____
_____

Signature and certification:

SIGNATURE

Pursuant to the requirements of N.J.A.C. 11:22-4.8(d), _____ has caused this notice to be duly signed on its behalf in the City of _____ and State of _____on the ____ day of _____, 20___.

(SEAL) _____
Name of Applicant

BY _____
(Name) (Title)

Attest:

_____
(Signature of Officer)

_____
(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached notice dated _____, 20_____, for and on behalf of _____; that (s)he is the _____ of such company
(Name of Company) (Title of Officer)
and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)_____

(Type or print name beneath)_____

SUBCHAPTER 5. MINIMUM STANDARDS FOR NETWORK-BASED HEALTH BENEFIT PLANS

Authority

N.J.S.A. 17:1-8.1, 17:1-15e, 17B:27A-54, 26:2J-42 and 26:2J-43.

Source and Effective Date

R.2003 d.419, effective November 3, 2003.
See: 34 N.J.R. 3485(a), 35 N.J.R. 5116(a).

11:22-5.1 Purpose and scope

(a) This subchapter establishes minimum standards for health benefit plans, prescription drug plans and dental plans that provide coverage only when network providers are used, and for health benefit plans, prescription drug plans and dental plans that provide different levels of coverage depending on whether a network provider or an out-of-network provider is used.

(b) This subchapter applies to all insurance companies, health service corporations, medical service corporations, hospital service corporations, dental service corporations, dental plan organizations, prepaid prescription service organizations and health maintenance organizations that deliver or issue for delivery health benefit plans, prescription drug plans or dental plans in this State.

Amended by R.2006 d.189, effective May 15, 2006.
See: 37 N.J.R. 4510(a), 38 N.J.R. 2159(a).
In (a), inserted ", prescription drug plans and dental plans" two times; and in (b), inserted "dental service corporations, dental plan organizations, prepaid prescription service organizations" and ", prescription drug plans or dental plans".

11:22-5.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

"Brand name drug" means a prescription drug whose manufacture and sale is controlled by a single company as a result of a patent or similar right.

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, dental service corporation, dental plan