



## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE  
SMALL EMPLOYER HEALTH BENEFITS PROGRAM  
PO BOX 325  
TRENTON, NJ 08625-0325

CHRIS CHRISTIE  
*Governor*

RICHARD J. BADOLATO  
*Acting Commissioner*

KIM GUADAGNO  
*Lt. Governor*

TEL (609) 633-1882  
FAX (609) 633-2030

PETER L. HARTT  
*Director*

### ADVISORY BULLETIN 16-SEH-01

February 19, 2016

To: SEH Program Member Carriers that Issue Coverage

From: Ellen DeRosa  
Executive Director

**Re: Certification of Compliance with Small Employer Health Benefits Plans  
Exhibit BB**

N.J.A.C. 11:21-4.2 requires carriers to submit Parts 1, 2 and 6 of Exhibit BB on or before March 1 of each year.

#### Exhibit BB Part 1

The Plan Options and Variables section of Exhibit BB Part 1 is no longer appropriate in light of the adopted amendments to the standard plans and the plans carriers offer. The Board notes that detailed plan information is required to be included as part of a rate filing. Rather than attempting to complete a certification that contains inappropriate plan information, carriers should complete the Exhibit BB Part 1 that is attached to this Advisory Bulletin. The attached Certification eliminates plan design information.

#### Exhibit BB Part 6

The optional benefit rider information required to be reported on Exhibit BB Part 6 is not meaningful in light of the single risk pool and the benchmark plan. Carriers need not submit Exhibit BB Part 6.

#### Exhibit BB Part 2

Carriers are required to submit Exhibit BB Part 2 as set forth in the appendix to N.J.A.C. 11:21.

#### Filing Due by March 1, 2016

Please complete and submit the attached Exhibit BB Part 1 and Exhibit BB Part 2.

The SEH Board intends to amend the rules consistent with the guidance in this Advisory Bulletin.

Please contact me at [ellen.derosa@dobi.nj.gov](mailto:ellen.derosa@dobi.nj.gov) if you have any questions.

**EXHIBIT BB**  
**PART 1**  
**CERTIFICATION OF COMPLIANCE WITH SMALL EMPLOYER HEALTH**  
**BENEFITS PLANS**

In accordance with N.J.A.C. 11:21-4.2, submit this form, by March 1 of every year, to the SEH Board at the address specified at N.J.A.C. 11:21-1.3. Carriers must complete the certification as set forth in this Exhibit; the words in the certification may not be altered.

**1. INFORMATION ABOUT THE CARRIER AND RESPONDENT**

Carrier

Name: \_\_\_\_\_

NAIC #: \_\_\_\_\_

Respondent Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

**2. COMPLIANCE**

Check the appropriate response(s).

\_\_\_\_\_ (a) Plans B, C, D and E (both policies and certificates comply fully with the SEH Board's small employer health benefits plans forms and Explanation of Brackets set forth at Exhibits F, W and K, respectively, of the Appendix to N.J.A.C. 11:21.

\_\_\_\_\_ (c) The HMO Plan (both contract and evidence of coverage) complies fully with the SEH Board's small employer health benefits plans form and Explanation of Brackets set forth at Exhibit G, Y and K, respectively, of the Appendix to N.J.A.C. 11:21.

\_\_\_\_\_ (d) The HMO/POS plan (both contract and evidence of coverage) complies fully with the SEH Board's small employer health benefits plans form and Explanation of Brackets set forth at Exhibits HH, II and K, respectively, of the Appendix to N.J.A.C. 11:21, and the HMO is in compliance with regulations governing an HMO's ability to offer out-of-network services set forth at N.J.A.C. 11:24-14.

\_\_\_\_\_(e) All applications, certifications, and waiver forms, comply fully with the SEH Board's forms posted on [www.state.nj.us/dobi/division\\_insurance/ihcseh/sehforms.html](http://www.state.nj.us/dobi/division_insurance/ihcseh/sehforms.html) and in Exhibit T, of the Appendix to N.J.A.C. 11:21.

**3. CERTIFICATION**

I, the Undersigned, certify that this completed form is true and accurate, and that I am an officer of the carrier duly authorized to submit this certification.

I certify that any stop loss or excess risk insurance issued or renewed by the carrier meets the retention limits set forth in the definition of "stop loss" or "excess risk insurance" as defined at N.J.S.A. 17B:27A-17.

\_\_\_\_\_  
Signature Title

Printed Name \_\_\_\_\_ Date \_\_\_\_\_