

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

FEIN: \_\_\_\_\_

State of New Jersey  
Department of Banking and Insurance  
Checklist and Certification  
Multiple Employer Welfare Arrangement (MEWA) Health Plans  
Filing Made Pursuant to P.L. 2001,c. 352

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

ERISA Filing Identification: \_\_\_\_\_

List of Forms Submitted (Identify each as contract, insert pages, rider or amendment, summary plan description, application, enrollment form or other (please identify)).

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\_\_\_\_\_

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\_\_\_\_\_

	YES	NO
1. Do the forms contain any provision, statements or questions that pertain to race, creed, color, national origin, ancestry or sexual orientation?		
2. Are the forms in final printed format?		
3. Do the forms contain unique identifying form numbers at the lower left corner of the first page?		
4. Have persons covered under the plans been issued information identifying the benefits the plans do not provide as required by N.J.S.A. 34:11A-14? If yes, attach a copy of the most recent list. If no, explain why below.		
5. Do the forms comply with the readability requirements set forth at N.J.S.A. 17B:17-21a?		
6. Do the forms comply with the regulation on domestic violence set forth at N.J.A.C. 11:4-42.5 (a)?		
7. Do the forms comply with the requirements of Discontinuance and Replacement set forth at N.J.A.C. 11:2-13?		
8. Do the forms contain a Coordination of Benefits provision consistent with the requirements of N.J.A.C. 11:4-28?		

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9. Do the forms comply with the requirements for continuation for a totally disabled employee as set forth at N.J.S.A. 17B:27-51.12?		
10. Do the forms comply with the notice and disclosure requirements as set forth in the Health Care Quality Act., N.J.A.C. 8:38 and 8:38A?		
11. Do the plans contain claims procedures consistent with 29 C.F.R. Section 2560?		
12. Do the plans contain ERISA disclosure text consistent with 29 C.F.R. Section 2520?		
13. If the plans contain managed care provisions do they address providing updated provider lists as required by 29 C.F.R. section 2520?		
14. Do the plans contain continuation provisions consistent with all amendments to COBRA?		
15. Do the plans contain any provision that is more restrictive than permitted by 32 C.F.R. Section 220?		
16. Do the plans contain any provision that allows subrogation or right of recovery?		
17. Do the forms address Federal Medicare as Secondary Payor rules?		
18. Do the plans contain definitions of the following terms which are at least as favorable to consumers as those contained in Appendix Exhibit A of N.J.A.C. 11:21?		
a. Ambulatory Surgical Center		
b. Birthing Center		
c. Dependent, including domestic partners		
d. Diagnostic Services		
e. Durable Medical Equipment		
f. Emergency		
g. Employee		
h. Experimental or Investigational		
i. Extended Care Center		
j. Full time means at least 25 hours per week		
k. Health Status-Related Factor		
l. Hospice		
m. Hospital		
n. Medically Necessary and Appropriate		
o. Nurse		
p. Pre-Approval (or similar term) where the penalty is no more restrictive than permitted by N.J.A.C. 11:4-48.8(a)3		
q. Pre-Existing Condition		
r. Private Duty Nursing		
s. Reasonable and Customary (or similar term)		
t. Rehabilitation Center		
u. Skilled Nursing Care		
v. Special Care Unit		
v. Total Disability or Totally Disabled		

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	YES	NO
x. Urgent Care		
19. Do the plans contain provisions as identified below which are at least as favorable to consumers as those contained in Appendix Exhibit A of N.J.A.C. 11:21?		
a. Incontestability		
b. Payment of Premiums – Grace period		
c. 60-day notice of a change in rates		
d. Participation Requirements, with credit given for coverage under another group plan or Medicare		
e. Term of Policy- Renewal Privilege-Termination		
f. Waiting Period		
g. Incapacitated Children		
h. If a network based plan, Continuation of Care		
i. Preexisting conditions and continuity of coverage		
j. Payment of benefits for person for whom workers compensation coverage is optional, as stated in P.L. 1999, c. 383		
20. Do the forms provide benefits and coverage as identified below which are at least as favorable to consumers as those contained in Appendix Exhibit A of N.J.A.C. 11:21?		
a. Charges while hospitalized up to 30 days per calendar year (room and board) and ancillary charges		
b. Emergency and Urgent Care Services		
c. Testing Charges – x-ray and laboratory prior to hospitalization		
d. Charges while confined in an Extended Care or Rehabilitation Facility up to 60 days per calendar year (in lieu of hospital confinement, 2 for 1 exchange for hospital days)		
e. Charges for home health care up to 60 days per calendar year (2 for 1 exchange for hospital days)		
f. Charges for hospice care up to 60 days per calendar year (2 for 1 exchange for hospital days)		
g. Food and food products for inherited metabolic diseases		
h. Practitioner charges for nonsurgical treatment, while hospitalized		
i. Practitioner charges for surgery including charges for reconstructive breast surgery and physical complications of mastectomy and lymphodemas		
j. Second opinion charges		
k. Ambulatory surgical center charges		
l. Pregnancy as any other illness		
m. Birthing center charges		
n. Newborn child coverage with no additional charge for coverage for the first 31 days		
o. Anesthesia		
p. Therapy services (as listed in Appendix Exhibit A of N.J.A.C. 11:21)		

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	YES	NO
q. Preventive care (\$100 per person; \$300 per family per calendar year; first dollar coverage)		
r. Immunizations and lead screening		
s. Autologous bone marrow transplant and associated dose intensive chemotherapy, peripheral blood stem cell transplants		
t. Prescription drugs - inpatient		
u. Insulin needles, syringes, glucose test strips, lancets		
v. Colostomy bags belts and irrigators		
w. Mammograms		

Explanation or clarification of response(s) to any item above:

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I understand and agree that:

- To the best of my knowledge the forms described herein provide benefits and coverage at least as favorable to the consumer as that provided by Plan A as set forth at Appendix Exhibit A of N.J.A.C. 11:20.
- I understand that the Department of Banking and Insurance will rely on this certification in accepting this submission.
- If it is determined that the forms do not provide at least the minimum level of benefits and coverage of Plan A I agree the plan will be amended to provide such benefits or coverage.
- I am aware of the penalties for submitting an improper certification or false submission.

\_\_\_\_\_  
Signature of Responsible Officer

\_\_\_\_\_  
Printed Name of Responsible Officer and Title

\_\_\_\_\_  
Date