

## CHAPTER 359

AN ACT concerning certain individual health benefits plans, amending P.L.1992, c.161 and repealing parts of statutory law.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

Repealer.

1. The following are repealed:

P.L.2001, c.368 (C.17B:27A-4.4 through C.17B:27A-4.7 and C.17B:27A-19.11);

Section 49 of P.L.1991, c.187 (*not compiled*);

Sections 50 and 51 of P.L.1991, c.187 (C.17:48-6.13 and C.17:48-6.14);

Sections 52 and 53 of P.L.1991, c.187 (C.17:48A-6.8 and C.17:48A-6.9);

Sections 54 and 55 of P.L.1991, c.187 (C.17:48E-22.1 and C.17:48E-22.2);

Sections 56 and 57 of P.L.1991, c.187 (C.17B:26B-1 and C.17B:26B-2);

Sections 58 and 59 of P.L.1991, c.187 (C.26:2J-4.2 and C.26:2J-4.3).

2. Section 3 of P.L.1992, c.161 (C.17B:27A-4) is amended to read as follows:

C.17B:27A-4 Offering of individual health benefits required by issuer of small employer health benefits plans.

3. a. No later than 180 days after the effective date of this section of P.L.2008, c.38, a carrier shall, as a condition of issuing small employer health benefits plans in this State, also offer individual health benefits plans. The plans shall be offered on an open enrollment, modified community rated basis, pursuant to the provisions of this act and P.L.2008, c.38. Every carrier that issues small employer health benefits plans pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) shall make a good faith effort to market individual health benefits plans.

b. A carrier shall offer to an eligible person a choice of at least three individual health benefits plans established by the board pursuant to section 6 of P.L.1992, c.161 (C.17B:27A-7).

c. (1) (Deleted by amendment, P.L.2019, c.359).

(2) (Deleted by amendment, P.L.2019, c.359).

(3) (Deleted by amendment, P.L.2019, c.359).

(4) (Deleted by amendment, P.L.2019, c.359).

(5) The provisions of section 13 of P.L.1985, c.236 (C.17:48E-13), N.J.S.17B:26-1, and section 8 of P.L.1973, c.337 (C.26:2J-8) with respect to the filing of policy forms shall not apply to health plans issued on or after the effective date of this act.

(6) The provisions of section 27 of P.L.1985, c.236 (C.17:48E-27) and section 7 of P.L.1988, c.71 (C.17:48E-27.1) with respect to rate filings shall not apply to individual health plans issued on or after the effective date of this act.

d. Every group conversion contract or policy issued after the effective date of this act shall be issued pursuant to this section; except that this requirement shall not apply to any group conversion contract or policy in which a portion of the premium is chargeable to, or subsidized by, the group policy from which the conversion is made.

e. (Deleted by amendment, P.L.2008, c.38).

f. (Deleted by amendment, P.L.2019, c.359)

3. Section 4 of P.L.1992, c.161 (C.17B:27A-5) is amended to read as follows:  
C.17B:27A-5 Laws not applicable to managed care health benefits plans.

4. The following provisions shall not apply to managed care health benefits plans issued pursuant to section 3 of this act:

Sections 12, 32 through 35, inclusive, of P.L.1985, c.236 (C.17:48E-12 and C.17:48E-32 through C.17:48E-35, inclusive); section 2 of P.L.1987, c.62 (C.17:48E-35.1); sections 3, 4 and 6 of P.L.1991, c.279 (C.17:48E-35.4, 17B:26-2.1e and 26:2J-4.4); section 1 of P.L.1977, c.118 (C.17B:26-2.1); section 1 of P.L.1983, c.53 (C.17B:26-2.1a); section 1 of P.L.1987 c.64 (C.17B:26-2.1c); P.L.1979, c.328 (C.17B:26-2.2 et seq.); and sections 1 and 2 of P.L.1979, c.161 (C.17B:26-44.1 and C.17B:26-44.2).

4. This act shall take effect immediately.

Approved January 16, 2020.