

June 1, 2021

COVID-19 Update as of June 1, 2021

Throughout our almost 90-year history, the health and well-being of our members have always been our top priorities. That's why, during these unprecedented times, we've taken bold steps to help ensure our members can get the care they need. We want to give you an update on our response to COVID-19.

We've been here for our members and other customers when they've needed us most

For our members, we:

- Expanded access to telemedicine services for medical and behavioral health care, including relaxing rules to allow the use of alternate platforms, such as FaceTime and Skype, and phone-only visits, and waived cost sharing so members can get care from in-network health care professionals from the safety of home.
- Waived member cost sharing for COVID-19 diagnostic testing, and voluntarily waived cost sharing for treatment of COVID-19 provided by in-network health care professionals.
- Are covering the cost of recommended COVID-19 vaccines.

For our employer group customers, we:

- Made accommodations to help customers continue to offer coverage to their employees and dependents, including waiving actively-at-work and waiting-period requirements.
- Provided members with timely information about coverage for testing, treatment and vaccines.

For our communities, we:

- Contributed \$4.35 million in response to the COVID-19 outbreak, including a \$2 million donation to The New Jersey Pandemic Relief Fund, and the purchase of personal protective equipment for health care workers, as well as food and social services for those in need.

For more information on the many ways we've helped our members and customers throughout the COVID-19 public health emergency, you can view the updated [COVID-19 Resource Guide](#).

We've reached a turning point in the fight against COVID-19

COVID-19 case numbers are shrinking thanks to increased COVID-19 vaccination rates, prompting state and federal governments to ease restrictions. We, too, will adjust our response as the situation improves.

(Continues)

¹ This change impacts Horizon BCBSNJ's fully insured members, including those covered through Medicaid, Medicare Advantage, Individual and Small Group policies, as well as most of our self-insured plan members. Self-insured health plans are responsible for the specific plan designs they choose to offer to their employees, and we work with them to administer their plan designs as directed.

As previously communicated, we will end the cost share waiver for members' out-of-pocket costs (copays, deductibles and coinsurance) for claims for inpatient and outpatient treatment of COVID-19 after **June 30, 2021**.¹ By this date, our COVID-19 treatment cost share waiver will have been in place for almost 18 months. Other major health insurance carriers in New Jersey ended their waivers earlier this year, or never waived these costs at all.

Help for New Jersey's essential workers

Please keep in mind, under [New Jersey state law](#), essential workers diagnosed with COVID-19 may have treatment costs covered under Workers' Compensation (WC) benefits. WC covers 100 percent of medical costs, without copays or deductibles, from the first date of injury or illness to the date that maximum medical improvement is achieved. Under WC, this period may extend for one day or a lifetime. This is important since many COVID-19 cases appear to have long-lasting medical implications. More information about this is available at HorizonBlue.com/covid19.

No member cost sharing for COVID-19 diagnostic testing or telehealth visits

COVID-19 diagnostic testing performed at doctors' offices, urgent care centers and in Emergency Rooms, and all telehealth visits (as per NJ PL 2020 c.7/c.47) will continue to be covered without member cost sharing.¹ This waiver of member out-of-pocket costs will be in place for at least 90 days after the end of the declared public health emergency.

Vaccines are available at no cost

We encourage everyone to follow the recommendations of the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health to get a Food and Drug Administration (FDA)-authorized COVID-19 vaccination.

Our brochure, [Every shot counts — the COVID-19 vaccines](#), is available in English and [Spanish](#), and provides the facts on the COVID-19 vaccines. Please share this brochure with your employees.

We're proud of our work to support our members and health care professionals during the COVID-19 public health emergency. We will continue to work with doctors and hospitals to get our members access to care, including access to vaccinations, to stop the spread of COVID-19.

If you have questions, please contact me.

COVID-19 Resource Guide

COVID-19 Update

as of June 1, 2021

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COVID-19 Update

as of June 1, 2021

As our customer, you may know that the health and well-being of our members, as well as the safety of our employees and the health care professionals we rely on to deliver excellent care, have always been our top priorities. Throughout the COVID-19 public health emergency, Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) continues to earn the trust of our customers. We are proud of our efforts to expand coverage and adjust business practices to help our members and customers during this challenging time. Many of the expansions and accommodations are described in this Guide, which is updated as of **June 1, 2021**. Here are some highlights:

For our members, we:

- Expanded access to telemedicine services for medical and behavioral health care, including relaxing rules to allow use of alternate platforms, such as FaceTime and Skype, and phone-only visits, and waiving cost-sharing so members can continue to get care from in-network health care professionals from the safety of home.
- Waived cost-share obligations for COVID-19 diagnostic testing provided by in-network health care professionals.
- Are covering the cost of recommended COVID-19 vaccines.

For our employer group customers, we:

- Made accommodations to help our group customers continue to offer coverage to their employees and dependents, including waiving actively at work and waiting period requirements.
- Provided members with timely information about coverage for testing, treatment and vaccines.

In addition, Horizon BCBSNJ has contributed \$4.35 million in response to the COVID-19 outbreak, including a \$2 million donation to The New Jersey Pandemic Relief Fund, and the purchase of personal protective equipment for health care workers, as well as food and social services for those in need. Horizon BCBSNJ and its philanthropic arm, The Horizon Foundation for New Jersey, have contributed more than \$80 million to New Jersey's community organizations and causes since 2004.

For nearly 90 years, we've been here when our customers and communities have needed us most. Rest assured, we will continue to provide the coverage and services our customers count on, now and always.

Key resources

- [HorizonBlue.com/covid19](https://horizonblue.com/covid19)
- [HorizonHealthNews.com](https://horizonhealthnews.com)
- [World Health Organization \(WHO\)](https://www.who.int)
- [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov)
- [National Institutes of Health](https://www.hhs.gov/nih)
- [New Jersey Department of Health](https://www.nj.gov/health)
- [NJ Vaccine Scheduling System \(NJVSS\)](https://njvss.com)
- New Jersey Department of Health 24-hour public hotline at **1-800-222-1222**.
If using an out-of-state phone line, call **1-800-962-1253**.

Frequently Asked Questions (FAQs)

Horizon BCBSNJ Coverage and COVID-19 Testing, Treatment and Vaccines

Q1. Is Horizon BCBSNJ covering diagnostic tests for COVID-19?

A1. Yes, COVID-19 viral testing with an FDA-authorized test is covered when performed for diagnostic purposes. This includes testing at pharmacies and drive-up testing sites, as well as home test kits.

Home test kits for members showing symptoms of COVID-19, and for members who are asymptomatic but have a known exposure to COVID-19, are covered. However, shipping and handling, and any administration fees charged by the lab, are not covered.

Regardless of where diagnostic testing is performed, testing must be ordered by a health care professional.

Any test for population screening (for example, back-to-school or return-to-work purposes) and in preparation for travel is not covered.

When a member's doctor determines that COVID-19 diagnostic testing is appropriate, out-of-pocket costs for testing will be waived. This waiver of out-of-pocket costs for COVID-19 testing is in place now and will be for at least 90 days after the end of the public health emergency and State of Emergency, as declared by Governor Murphy.

This information applies to all fully insured members, including those covered through Horizon NJ Health, Medicare Advantage, Individual and Small Group policies, as well as members covered by the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP).

Horizon BCBSNJ will continue to work with other self-insured customers that provide coverage for their employees on their specific plan designs.



**Vaccines,
diagnostic testing
for and treatment
of COVID-19 is
covered with no
cost sharing for
members**



COVID-19 Update

as of June 1, 2021

Q2. Is Horizon BCBSNJ covering treatment for COVID-19?

A2. Through **June 30, 2021**, most members will not pay any cost share (copay, coinsurance, deductibles) for covered services related to inpatient or outpatient treatment when the primary diagnosis is COVID-19.

To ensure the waiver of cost-sharing obligations, appropriate diagnosis codes must be used.

This information applies to all fully insured members, including those covered through Horizon NJ Health, Medicare Advantage, Individual and Small Group policies.

Horizon BCBSNJ will continue to work with the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) and other self-insured customers that provide coverage for their employees on their specific plan designs.

For information on how COVID-19 treatment may be covered under Workers' Compensation benefits, please see page 7.

Q3. Are COVID-19 vaccines covered?

A3. Yes, all recommended vaccines are 100% covered. That means members will not pay any money out-of-pocket to get a COVID-19 vaccine. COVID-19 vaccines are covered through in- and out-of-network doctors, hospitals, pharmacies and other health care professionals, as well as through vaccine administration sites.

This applies to all fully insured members, including those covered through Horizon NJ Health, Medicare Advantage, Individual and Small Group policies, as well as members covered by the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP).

This also applies to all non-grandfathered self-insured customers. Members covered through self-insured health plans should read their plan documents for coverage information.

Horizon BCBSNJ will continue to work with self-insured customers that provide coverage for their employees on their specific plan designs.

Q4. Does Horizon BCBSNJ have information available to help educate members and the public about the COVID-19 vaccines?

A4. Yes, Horizon BCBSNJ has created a [digital brochure](#) to help our members and people in our communities get the facts about the COVID-19 vaccines. The brochure is available in [English](#) and [Spanish](#).

Q5. Is Horizon BCBSNJ covering antibody (serology) tests for COVID-19?

A5 Horizon BCBSNJ covers FDA-authorized antibody testing performed by a lab that has the appropriate Clinical Laboratory Improvement Amendments (CLIA) certification and when testing is performed consistent with the Centers for Disease Control and Prevention (CDC)'s [Interim Guidelines for COVID-19 Antibody Testing](#). Horizon BCBSNJ's in-network labs — LabCorp, Quest and BioReference — are all CLIA certified.

The test must be for a diagnostic purpose consistent with CDC guidelines and ordered by a licensed doctor or health care professional. These CDC guidelines specifically note Serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. Currently, the clinical use of serologic or antibody testing for COVID-19 is to support a diagnosis of COVID-19 in patients who are seeking care late in their course of illness or in patients who are seeking care for late complications, such as multisystem inflammatory syndrome in children.

Antibody tests should not be used as a sole basis for diagnosis.

Watch this [video from the FDA](#) about antibody testing.

COVID-19 Treatment and Workers' Compensation Coverage

Q1. I've heard that treatment for COVID-19 may be covered under Workers' Compensation benefits. Is that true?

A1. For some people in New Jersey, yes. On **September 14, 2020**, a [state law](#) went into effect affecting workers' compensation (WC) benefits. The law created a rebuttable presumption that "essential workers" who contract COVID-19 during the public health emergency, contracted it in the workplace. That means, essential workers' treatment of COVID-19 may be covered under their WC benefits. This law is retroactively effective **March 9, 2020**.

Q2. Who is considered an essential worker under this new state law?

A2. Under this law, "essential workers" include employees who, during the Governor-declared State of Emergency, are:

- Public safety workers/first responders (for example, fire, police or other emergency responders);
- Workers providing medical/health care services, emergency transportation or social services, including services in health care facilities, residential facilities or homes; and
- Workers performing services in physical proximity to members of the public and who are essential to the public's health, safety and welfare, including transportation services, hotel and other residential services, financial services, and the production, preparation, storage, sale and distribution of essential goods such as food, beverages, medicine, fuel and supplies for conducting essential business and work at home.

Q3. Why is this Workers' Compensation law important for essential workers?

A3. For essential workers diagnosed with COVID-19, it's beneficial to have treatment handled as a WC claim because WC covers 100% of medical costs, without copays or deductibles, from the first date of injury or illness to the date that maximum medical improvement is achieved. Under WC, this period may extend for one day or a lifetime. This is important since many COVID-19 cases appear to have long-lasting medical implications.

In addition, under WC benefits, partial wage replacement is also available.

Q4. How can essential workers take advantage of coverage for COVID-19 treatment under Workers' Compensation benefits?

A4. Essential workers as described above, who have tested positive for COVID-19 and have received or need treatment for COVID-19, should talk with their employer about having their case covered through WC benefits. The employer should refer the essential worker to the company's WC insurer who will review the case for coverage for all medical care required to treat the covered illness until maximum medical improvement is achieved. This includes medical care for "long haul" COVID-19 claims that may require treatment for months or even longer. In addition to medical care, WC benefits may also include partial wage replacement.

When getting care for COVID-19, members should provide their doctors with their WC carrier details so medical bills are handled appropriately under WC insurance coverage.

Eliminating Member Cost Sharing for Qualified Telemedicine Services

Q1. Will Horizon BCBSNJ cover telemedicine services to ensure access to care while reducing the opportunities for disease transmission?

A1. Yes, and we encourage members to call their doctors to find out if they offer telemedicine (by phone, chat or video) as an option for care. If they do, the member may be able to avoid a visit to the doctor's office. Many members also have access to **Horizon CareOnline**, Horizon BCBSNJ's telemedicine platform, which is available through the **Horizon Blue app** and when signed in to the secure member web portal at HorizonBlue.com.

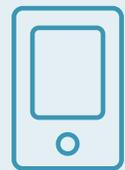
For at least 90 days after the end of the public health emergency and State of Emergency declared by Governor Murphy in Executive Order 103 of 2020, when covered services, including routine care, therapy and mental health care, are provided by in-network health care professionals, Horizon BCBSNJ will waive the member cost sharing.

When a Horizon BCBSNJ member has **out-of-network** benefits, and chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available and out-of-network cost sharing applies.

This applies to all fully insured members, including those covered through Horizon NJ Health, Medicare Advantage, Individual and Small Group policies, as well as members covered by the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP).

Self-insured health plans are responsible for the specific plan designs they choose to offer to their employees, and we will continue to work with them to administer their plan designs as directed.

Horizon BCBSNJ will continue to cover services delivered by telemedicine during the public health emergency and will continue to cover telemedicine claims for most of these services when the public health emergency ends. The scope of services covered once the public health emergency ends will depend on the member's plan and the corresponding Horizon BCBSNJ Telemedicine policy.



**Care through
phone, chat
and video**

Q2. Does a health care professional need to use a certain platform or service to provide telemedicine?

A2. During the public health emergency, the federal Health and Human Services Department has waived HIPAA enforcement regarding platforms. This enables health care professionals to use any reasonable means of communication, such as phone, chat and video, including common video platforms such as FaceTime and Skype, to work with their patients. However, we encourage the use of secure technology whenever possible.

Q3. What other resources are available to members?

A3. Horizon BCBSNJ members have free, 24/7 access to registered nurses through Chat for Care from the **Horizon Blue app**. Nurses are available to answer questions about COVID-19 symptoms, as well as other health questions or concerns. When appropriate, and if the member is located in New Jersey, the nurse can connect the member with a doctor.

Members enrolled in SHBP/SEHBP and Horizon NJ Health plans can also Chat for Care by going directly to **HorizonBlue.Pager.com**.

Members enrolled in a commercial market fully insured plan¹ may also call **1-888-624-3096**, 24/7, to speak with a registered nurse to understand COVID-19 symptoms and other health concerns.

Members enrolled in the SHBP or SEHBP can call **1-800-414-SHBP (7427)** to speak with a Horizon Health Guide and get connected to a nurse or behavioral health program, as needed.

Members enrolled in Horizon NJ Health or Medicare Advantage plans can call **1-800-711-5952 (TTY 711)** to speak with a registered nurse to understand COVID-19 symptoms and other health concerns.

¹ Members enrolled in a fully insured plan will see the following statement on the back of their member ID card: Insured by Horizon BCBSNJ.

Q4. I offer a fully insured Horizon MyWay HRA (Health Reimbursement Account) product, integrated with Further, to my employees. My employees can get care through telemedicine from doctors and other health care professionals, but they did not have access to Horizon CareOnline, Horizon BCBSNJ's telemedicine service. Has that changed due to the COVID-19 public health crisis?

A4. Yes. To help ease the pressure on the health care system, during this COVID-19 public health emergency, Horizon BCBSNJ has enabled all fully insured members, including integrated Horizon MyWay HRA members, to access Horizon CareOnline with no out-of-pocket costs for all covered urgent care and behavioral health care services. [This change was effective March 13, 2020](#), and will continue for at least 90 days after the end of the public health emergency and the State of Emergency declared by Governor Murphy in Executive Order 103 of 2020.

Behavioral Health Service Continuity

Q1. Are health care professionals collecting copays for behavioral health telemedicine and telehealth services?

A1. For fully insured members, including those covered through Horizon NJ Health, Medicare Advantage, Individual and Small Group policies, as well as members covered by the SHBP and SEHBP, Horizon BCBSNJ has waived member cost sharing, including deductibles, copays and coinsurance, for all telemedicine and telehealth services, including behavioral health services delivered by in-network health care professionals. This member cost-sharing waiver is in effect for at least 90 days after the end of the public health emergency and State of Emergency declared by Governor Murphy in Executive Order 103 of 2020.

Members who have out-of-network benefits may get covered services through telemedicine and telehealth from out-of-network health care professionals. Out-of-network cost sharing obligations apply.

Self-insured health plans are responsible for the specific plan designs they choose to offer to their employees, and we will continue to work with them to administer their plan designs as directed.

Q2. Which behavioral health services can be provided through telemedicine and telehealth?

A2. All services that can be performed through telemedicine and telehealth platforms are eligible regardless of whether the service is for medical care or behavioral health care. Please consult Horizon BCBSNJ's [telemedicine services guidelines](#).

Q3. What if a member doesn't have access to the Internet or phone, or really needs to be monitored in person?

A3. Behavioral health professionals may see individuals in person if medically/clinically necessary. Behavioral health professionals should consult local rules to ensure compliance with social distancing guidelines for staff and patients.



**No cost sharing for
in-network
behavioral health
services via
telemedicine and
telehealth**

Q4. Are intensive outpatient and/or partial hospitalization programs eligible to provide services through telemedicine and telehealth?

A4. All services that can be performed through telemedicine and telehealth platforms are eligible. There may be some instances where the member's clinical needs and technological capacity suggest that the member may need to be seen in person rather than through telemedicine or telehealth. Please consult Horizon BCBSNJ's [telemedicine services guidelines](#) to determine which services may be performed through telemedicine and telehealth. Horizon BCBSNJ supports behavioral health professionals in making these appropriate choices with their patients.

Q5. Can Applied Behavioral Analysis (ABA services be provided through telemedicine and telehealth?

A5. ABA services delivered through telemedicine and telehealth are reimbursable under Horizon BCBSNJ commercial plans and Horizon NJ Health plans for at least 90 days after the end of the public health emergency and State of Emergency declared by Governor Murphy in Executive Order 103 of 2020.

- ABA professionals must use their clinical judgement about the appropriateness and effectiveness of using telemedicine and telehealth to deliver ABA services during this period of national crisis.
- Current ABA service authorizations will continue and include telemedicine and telehealth delivery of services.
- This guidance applies to all ABA CPT and HCPCS codes.

Pharmacy Benefits

Q1. Has Horizon BCBSNJ increased access to prescription medicines?

A1. Early in the COVID-19 public health emergency, Horizon BCBSNJ activated certain exceptions to help ensure members had access to care. At present, Horizon Pharmacy plans are operating without disruption, so these exceptions are not necessary.

If needed, Horizon BCBSNJ can once again activate the exceptions, which include:

- An early refill program, which enables members to get early refills for maintenance medications (consistent with the member's benefit plan) and/or encourages members to [use the 90-day mail order benefit](#)
- Formulary flexibility to address medication shortages or access issues, which includes waiving additional charges stemming from obtaining a non-Preferred medication due to shortages or access issues

Q2. How is Horizon BCBSNJ helping members use their mail-order benefits?

A2. Prime Therapeutics, our pharmacy benefit manager, and AllianceRx Walgreens Prime (ARxWP) have established an expedited process to ensure a smooth customer experience if members choose to move their prescriptions from retail to home delivery due to COVID-19 concerns. This new process uses specially trained agents to help facilitate the transition from retail to mail order. Members can transfer prescriptions to mail order by registering with AllianceRx Walgreens Prime at alliancerxwp.com/home-delivery. Customer service representatives can also help make the change over the phone.

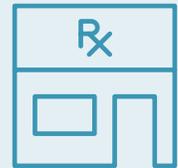
- **Commercial members** can call **1-888-844-3828**.
- **Medicare Advantage members** can call **1-800-391-1916**.

Members also have access to [PillPack](#) by Amazon Pharmacy, a full-service, in-network pharmacy. When ordered through PillPack, members can choose to have medicines delivered as:

- A 90-day supply in a bottle, which may lower out-of-pocket costs; or
- Organized, pre-sorted packets, to help members keep track of medicines and take them as directed.

There's no additional cost to use PillPack.

For self-insured plans, some portions of the coverage may be administered through a different administrator and Horizon BCBSNJ will coordinate the member's coverage.



**Mail-order
pharmacy benefits
are available**

Dental Benefits

Q1. What information can Horizon BCBSNJ provide regarding dental plans?

A1. Horizon BCBSNJ continues to monitor all information related to COVID-19 and how it affects our members with dental coverage and our dental network professionals. The American Dental Association (ADA) created a [dedicated COVID-19 resource center](#) for both members and dental professionals, which includes:

- [Frequently Asked Questions](#)
- Strategies for helping to prevent the transmission of COVID-19 in the dental care setting
- Information about Personal Protective Equipment: [CDC Guidelines for Infection Control in Dental Health-Care Settings](#)
- [Information](#) to help patients understand how their dental practice protects them and when they should consider canceling their appointment

Helping Members Maintain Coverage

Q1. If I go out of business and I have to terminate my group (health/dental/vision) coverage, what options do my employees have?

A1. If you need to close your business and your employees lose the employer coverage you currently provide, your employees have options:

- If an employee's spouse has coverage through their employer, your employee may be able to be covered under the spouse's health plan. A loss of coverage will constitute a qualifying life event.
- Your employees can also apply for coverage in the Individual market. A loss of employer-sponsored coverage is a qualifying event for a special enrollment opportunity. When applying for health coverage both on and off Get Covered New Jersey, the state's health insurance marketplace (marketplace), and for dental coverage on the marketplace, the individual can apply for coverage 60 days prior to the loss of coverage as well as 60 days from the date of the loss of coverage. However, if the individual is applying for dental or vision coverage off the marketplace, he or she can apply at any time. We encourage an application prior to the loss of coverage to avoid a potential lapse in coverage. Additionally, through the marketplace, your employees may qualify for advanced premium tax credits (APTCs), which can help lower their out-of-pocket premium costs.

COBRA and New Jersey Group Continuation (NJGC) are not available when an employer plan no longer exists.

Q2. If I don't go out of business, but have to furlough employees or cut their hours, how does this impact the employer coverage (health/dental/vision) I provide to my employees?

A2. For all fully insured commercial group market segments, Horizon BCBSNJ is waiving the "actively at work" requirement under applicable health, dental and vision policies issued by Horizon BCBSNJ. The waiver, available immediately and through **June 30, 2021**, unless extended, is for employers impacted by COVID-19. Under this waiver, furloughed employees, employees who have been temporarily laid off or employees whose work hours may have been reduced can maintain coverage under the employer's written COVID-19 business continuity plan that will be applied uniformly to all staff in the same class of employees. Coverage will remain active for those furloughed, otherwise temporarily laid off employees or those whose work hours have been reduced assuming the employer group continues to meet premium payments and the employer continues current contributions.



**Waived
"actively at work"
requirement
through
June 30, 2021,
unless extended**

COVID-19 Update

as of June 1, 2021

If staff is permanently terminated, employees may be able to continue their coverage through COBRA or through New Jersey Group Continuation (NJGC) for up to 18 months due to their loss of coverage due to the termination of employment or reduction in work hours.

Your employees may also have the option to purchase individual coverage through a Special Enrollment Period (SEP) if they lose group coverage due to the termination of employment or reduction in work hours.

Your employees should explore all of the options available to them, including COBRA or NJGC and individual coverage, to determine the best fit for themselves and their families.

Q3. Will the “actively at work” waiver apply to self-funded employer groups?

A3. Horizon BCBSNJ will honor any self-funded customer’s request to adopt a similar approach.

Q4. Is there a time limit for how long a furloughed employee can remain on the plan?

A4. At this time, we are allowing furloughed employees to stay on the plan through **June 30, 2021**, unless extended. The group should document their policy as a special COVID-19 business continuity plan to help ensure no discrimination.

Q5. If an employer does not extend coverage during a layoff or furlough, when an employee returns to work and the plan, would they have to again meet an eligibility waiting period?

A5. It’s at the group’s discretion to waive the waiting period upon return to work. As long as employers apply the waiver of such a waiting period uniformly, Horizon BCBSNJ will recognize each employer’s request. At this time, we are extending this waiver through **June 30, 2021**, unless extended, to help our group customers to combat the public hazard and hardship placed on their employees. We request that each group customer clearly document their policy as a special COVID-19 business continuity plan to help ensure no discrimination.

Q6. Can my employees move to Individual (IHC) market coverage even after the Annual Enrollment Period (AEP) closes?

A6. Yes, due to the COVID-19 pandemic, a COVID-19 Special Enrollment Period (SEP) was created. This SEP began **February 1, 2021**, and extends through **November 30, 2021**, and enables:

- Eligible individuals to change from a group plan (including ending COBRA coverage early) to an individual plan
- Uninsured individuals to enroll in an individual plan
- Enrolled individuals to change individual plans

No documentation is required when an individual applies during the COVID-19 SEP.

Your employees may qualify for advanced premium tax credits (APTCs) through Get Covered New Jersey, the state's health insurance marketplace, which can help lower their out-of-pocket premium costs.

Beyond this COVID-19 SEP, your employees may qualify for a Special Enrollment Period (SEP) if they experience a loss of coverage triggering event. The SEP is 60 days prior to and 60 days from the loss of coverage.

Q7. Which employers must provide COBRA continuation?

A7. COBRA is a federal law that requires group health plans to offer continuation of coverage to qualified beneficiaries when group health coverage would otherwise be lost due to certain events. COBRA continuation is also available for dental and vision coverage.

COBRA continuation is available for employers with 20 or more employees, with some exceptions (such as church plans).

If the group does not have COBRA continuation because they are not a private sector plan, the group has access to New Jersey Group Continuation (NJGC) if the employer purchases a small group health benefits plan.

Q8. Which employers must provide New Jersey Group Continuation (NJGC)?

A8. New Jersey Group Continuation (NJGC) is a New Jersey state law provided to insured small employer plans.

The following Small Employers must offer NJGC to qualified beneficiaries when they lose coverage under the group health plan due to a qualifying event:

- Employers that are not subject to COBRA continuation (generally, employers with less than 20 employees); and
- Employers that are subject to COBRA continuation, but only in situations when a civil union partner and/or his/her child loses coverage due to a qualifying event.

NJGC is not available for dental and vision coverage.

Q9. How long is the election period for COBRA continuation and NJGC?

A9. The election period for COBRA continuation and NJGC are different:

- COBRA continuation has a 60-day election period.
- NJGC has a 30-day election period.

Q10. What is the length of continuation coverage when an employee experiences a loss of group health coverage due to the qualifying event of termination of employment or reduction in work hours?

A10. For both COBRA continuation and NJGC, when a qualified beneficiary loses group health coverage due to termination of employment or reduction in work hours, and the group remains in business, they may remain enrolled in continuation coverage for up to 18 months.

If the business closes and the entire group no longer exists, then there is no option to continue group coverage. Persons can apply for individual coverage due to a Special Enrollment Period.

Q11. Who is a qualified beneficiary?

A11. COBRA continuation and NJGC have different definitions of a qualified beneficiary.

COBRA continuation:

A qualified beneficiary is an employee who was covered by a group health plan on the day before a qualifying event. A qualified beneficiary may be:

- A covered employee;
- A covered spouse of a covered employee;
- A covered dependent child of a covered employee; or
- A child who is born to or placed for adoption with the covered employee during the employee's period of COBRA continuation.

A civil union partner, domestic partner, and the child of an employee's civil union partner or domestic partner are never considered qualified beneficiaries eligible to elect COBRA continuation.

New Jersey Group Continuation (NJGC):

A qualified beneficiary is an individual who is covered as either an employee or dependent under the group health plan on the day before a qualifying event. A qualified beneficiary may be:

- A full-time covered employee;
- A spouse/civil union partner/domestic partner of a full-time covered employee; or
- A dependent child of a full-time covered employee.

Q12. What is the premium amount for COBRA continuation and NJGC?

A12. For COBRA continuation and NJGC, the employee (or continuee) is fully responsible for the cost of coverage, including an additional 2% of the premium to cover administrative costs. The continuee pays the health plan or the health plan's COBRA administrator, not Horizon BCBSNJ. The employer will remit the continuee's payment to the carrier.

Q13. I had trouble paying my premium and as a result, my coverage was terminated. How can I have it reinstated?

A13. For the Individual (IHC) Market:

On the state's health insurance marketplace:

Members enrolled in coverage through Get Covered New Jersey, the state's health insurance marketplace, cannot generally be reinstated for non-payment of premium into their marketplace coverage, unless the marketplace allows it.

In limited circumstances, Horizon BCBSNJ will allow members who were enrolled in marketplace coverage and did not receive an APTC and were terminated for non-payment of premium, to enroll in the same health plan directly with Horizon BCBSNJ.

Off the state's health insurance marketplace:

If a member's coverage is terminated due to non-payment of premium, coverage may be reinstated twice in any 12-month period if the following conditions are met:

- The member's outstanding premium is paid in full.
- The request for reinstatement is made within two months from the date we processed the termination.

The 12-month period begins from the date Horizon BCBSNJ processes the termination.

Members simply need to call Member Services at **1-800-355-BLUE (2583)** and select the prompt for Billing and Enrollment.

For the Small Employer Market:

Coverage for Small Employer groups may be reinstated twice in any 12-month period if the following conditions are met:

- All outstanding premium payments are paid in full.
- The reinstatement request (in writing or over the phone) is made within 45 days of the termination date.

If the conditions above are met, we will process the group's initial reinstatement request at no charge. A fee of \$250 will apply to any subsequent reinstatement that is requested and processed.

The 12-month period begins from the date Horizon BCBSNJ processes the termination.

For the Large Employer Market:

Accounts are handled on a case-by-case basis. Please contact your Horizon BCBSNJ sales executive or account manager.

Q14. Can an insured employer add an additional leaner plan and have a Special Open Enrollment?

A14. For the Small Employer market:

Small Employers may add a leaner plan either:

- Effective on the group's next anniversary date; or
- Provided the most recently purchased/replaced plan has been in effect for at least 12 months, effective on the benefit month after we receive the group's request.

For the Large Employer market:

This is not an option because the additional plan would need to be uniformly available to eligible classes of employees. We are not offering mid-year special open enrollment periods for customers with multiple plan designs.

Q15. Do groups need to notify Horizon BCBSNJ if they are making changes to their plans due to COVID-19?

A15. Yes, if groups are making changes to their plans in response to COVID-19, we require notification. No related policy amendment is required for Stop Loss because we underwrite the benefits as specified by each plan sponsor.

Q16. Will Horizon BCBSNJ recognize furloughed or COBRA employees for Stop Loss purposes as active participants?

A16. Yes, Horizon BCBSNJ will recognize either furloughed or COBRA employees for Stop Loss purposes as active participants if:

- The employer/plan sponsor so advises in writing that they are now including such employees in the definition of Covered Persons in their benefit document; and
- So long as premiums continue to be remitted in a timely manner.

We will not require rate adjustments to do so.

Q17. Will Horizon BCBSNJ cover Stop Loss claims related to COVID-19 coverage relaxations that you are recommending for other health plans?

A17. Yes, Horizon BCBSNJ will cover Stop Loss claims related to COVID-19 coverage relaxations (copay/cost share reductions and eliminations, and telemedicine coverage) that we are recommending for other health plans. We will not require rate adjustments to do so; however, we reserve the right to adjust Stop Loss rates for any other atypical benefit changes that are not consistent with efforts to provide access to coverage during the COVID-19 crisis or for COVID-19 related claims.

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Q18. I have employees whose coverage is not yet active because of the waiting period, and given the COVID-19 public health emergency, they need health coverage now. Can Horizon BCBSNJ help me?

A18. Yes, for our fully insured small and large employer group customers, Horizon BCBSNJ will consider waiving or reducing your group's waiting period. To do this, the group administrator must submit a letter requesting to waive or reduce the waiting period for their group/employee. This letter should be included with the member enrollment application (HINT form). This flexibility is offered through **June 30, 2021**, unless extended.

Q19. I have a new hire/dependent enrollee joining my group's health plan, but with the changes in the business environment due to COVID-19, I cannot submit complete paperwork within 30 days of the new hire/dependent enrollee becoming eligible. Can Horizon BCBSNJ help me?

A19. Yes, for our fully insured small and large employer group customers, Horizon BCBSNJ is extending the deadline for enrollment submissions from 30 days to 60 days of a new hire/dependent enrollee becoming eligible for coverage. This flexibility is offered through **June 30, 2021**, unless extended.

Q20. I need to terminate an employee's coverage, but with the changes in the business environment due to COVID-19, I cannot submit complete paperwork within 60 days as required. Can Horizon BCBSNJ help me?

A20. Yes, for our fully insured small and large employer group customers, Horizon BCBSNJ is extending the deadline for termination paperwork from 60 days to 75 days. Based on claims utilization, terminations will be effective as of the requested termination date within 60 days or the last paid claim date. This flexibility is offered through **June 30, 2021**, unless extended.

ERISA Plan Relief and Extension of Timeframes

Q1. How will Horizon BCBSNJ implement the timeframe extensions offered to ERISA plans?

A1. On **May 4, 2020**, the IRS (Department of Treasury) and Employee Benefits Security Administration (Department of Labor), **announced** the extension of certain timeframes under the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code (the Code) for group health plans, disability and other welfare plans, pension plans (the Plans), and participants and beneficiaries of these Plans during the COVID-19 National Emergency.

The announcement requires that the Plans that are subject to ERISA or the Code must disregard the period beginning March 1, 2020 until 60 days after the announced end of the COVID-19 National Emergency or such other date announced by the Agencies (the “Outbreak Period”) for all plan participants and beneficiaries.

This extension was set to expire on February 28, 2021. However, on **February 26, 2021**, the IRS (Department of Treasury) and Employee Benefits Security Administration (Department of Labor), **issued** clarifying guidance that explains the COVID-19 extensions will continue past February 28th, and that all such **extensions will end on the earlier of the following dates: one year or 60 days following the announced end of the National Emergency. The extensions must be measured on a person-by-person basis.**

Here is an overview of the extended timeframes required by the announcement and subsequent guidance, and information on how Horizon BCBSNJ is prepared to implement the extensions for our customers:

- **The 30-day period (or 60-day period, if applicable) to request special enrollment under a group health plan**
Employees of affected group health plans may elect to enroll under the group’s health plan beyond the 30- or 60-day time period usually allowed. Horizon BCBSNJ will retroactively enroll members as needed.
- **The 60-day period to elect COBRA continuation coverage**
Employees of affected group health plans may elect COBRA coverage later than usual. Horizon BCBSNJ will retroactively enroll those individuals as needed.
- **The date for making COBRA premium payments**
Regarding initial COBRA premium payments:
If an individual submits his or her COBRA election but does not furnish the initial premium payment, group health plans can choose to hold the enrollment request until the COBRA premium payment is received, or send the enrollment request for Horizon BCBSNJ to process.
If the group health plan chooses to hold the enrollment request, Horizon BCBSNJ will retroactively enroll the member into COBRA coverage when we receive the request and pay any eligible claims.

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If the group health plan sends the enrollment request, Horizon BCBSNJ will process the request and eligible claims will be paid accordingly. Once the COBRA enrollment is processed, the COBRA premium will be added to the group health plan's monthly bill. If the monthly bill is not paid in full in a timely manner, the group coverage is at risk of termination for nonpayment of premium.

Regardless of which option the group health plan chooses, the maximum retroactive termination is generally limited to 60 days from when Horizon BCBSNJ receives written notice from the group. However, no retroactive termination will be made beyond the day after the last paid claim.

Regarding subsequent COBRA premium payments:

If an existing COBRA member stops making premium payments to the group and the group health plan chooses to cancel the COBRA coverage, Horizon BCBSNJ will support that transaction as well as the subsequent re-enrollment if and when the member furnishes payment to the group.

The maximum retroactive termination is generally limited to 60 days from when Horizon BCBSNJ receives written notice from the group. However, no retroactive termination will be made beyond the day after the last paid claim.

- **The date for individuals to notify the group health plan of a qualifying event or determination of disability**

Group health plan participants and beneficiaries will have additional time to notify the individual of a COBRA qualifying event or a determination of disability. Horizon BCBSNJ will support any required changes needed as a result of those notifications.

- **The date by which individuals may file a benefit claim under the group health plan's claims procedure**

Horizon BCBSNJ will ensure that the period between March 1, 2020 and 60 days following the announced end of the National Emergency do not count toward existing claims timely filing limits. However, extensions are capped at one year.

- **The date by which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure**

Horizon BCBSNJ will ensure that the period between March 1, 2020 and 60 days following the announced end of the National Emergency do not count toward existing appeals filing limits. However, extensions are capped at one year.

- **The date by which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination**

Horizon BCBSNJ will ensure that the period between March 1, 2020 and 60 days following the announced end of the National Emergency do not count toward existing appeals filing limits. However, extensions are capped at one year.

- **The date by which a claimant may file information to supplement a request for external review if the original request was determined to be incomplete**

Horizon BCBSNJ will ensure that the period between March 1, 2020 and 60 days following the announced end of the National Emergency do not count toward existing filing limits. However, extensions are capped at one year.

COVID-19 Basics

Q1. What is COVID-19?

A1. COVID-19 is the respiratory disease caused by a specific strain of coronavirus, now named SARS-CoV-2. Coronaviruses are a large family of viruses, several of which often cause mild to moderate respiratory tract illnesses, like the common cold or flu-like illnesses, in people. For the latest information, please [visit the CDC website](#).

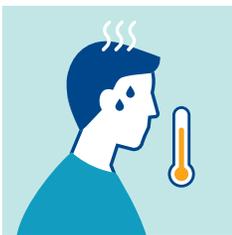
Q2. What are the symptoms?

A2. Patients typically have respiratory symptoms, such as a cough and difficulty breathing, as well as fever. As with other viruses that cause flu-like illness, people who are elderly and/or have underlying health conditions are at greater risk for severe complications. Symptoms of COVID-19 may appear two to 14 days after exposure.

Q3. How does it spread?

A3. According to the CDC, the virus is thought to spread from person-to-person through droplets produced when someone with the virus coughs or sneezes. This can happen when people are in close contact with one another (within six feet), usually for a prolonged period of time. The live virus in these droplets can be inhaled by people in close contact or can be transmitted when droplets contact the hands which then touch the mouth, nose or eye. That's why covering your mouth with your arm or a tissue when you cough or sneeze is so important. Washing your hands regularly, using hand sanitizer and avoiding touching your face are also good preventive steps that can help protect you.

COVID-19 symptoms



FEVER



COUGH



SHORTNESS
OF BREATH



SORE THROAT



HEADACHE

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as of June 1, 2021

Q4. What can I do to protect myself, my family and my community?

A4. When you are able, and if the vaccine is right for you, get vaccinated against COVID-19. In addition, continue to follow the [CDC guidelines](#), including:

- Wear a mask in all public places.
- Follow social distancing guidelines and avoid close contact with those who are sick.
- Get the flu shot. While the flu vaccine can't prevent COVID-19, many of the symptoms are the same, and preventing the flu can help ease the burden on doctors and hospitals.
- Follow [government travel restrictions](#).

Q5. What should I do if I think I have been exposed?

A5. If you begin to experience any symptoms of COVID-19, call your doctor.

It's important to call your doctor's office or other health care facility before you go there to inform them of your concerns and to be given directions to avoid the risk of exposing others.

You can also [download the CDC's information sheet](#) about what to do if you are sick with COVID-19. Most people do not require hospitalization and will be able to recover at home. People with more severe cases or who have underlying health conditions may require treatment in a hospital.

The state of New Jersey offers a 24-hour hotline staffed with trained health care professionals ready to answer questions about COVID-19. Call them toll-free at **1-800-222-1222**. If calling from outside of New Jersey, dial **1-800-962-1253**.

American Well is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in the administration of telemedicine services. For more information, visit info.americanwell.com/where-can-i-see-a-doctor-online. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association. The Horizon® name and symbols are registered marks, and Horizon CareOnlineSM is a service mark, of Horizon Blue Cross Blue Shield of New Jersey. © 2021 Horizon Blue Cross Blue Shield of New Jersey.
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