COVID-19 (Coronavirus) Resource Guide

Created especially for our valued customers

as of March 31, 2020

HorizonBlue.com

Horizon

COVID-19 Update
as of March 31, 2020

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At Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), our top priorities are the health and well-being of our customers, as well as the safety of our employees and the health care professionals we rely on to deliver excellent care, especially as we face the COVID-19 public health emergency.

Horizon BCBSNJ has established a cross-functional Executive Response Team and Risk Group, led by Don Liss, MD, Vice President and Chief Medical Officer, to focus on the Company's preparedness for and response to the COVID-19 public health emergency. Many of the coverage expansions and business practice adjustments we've made to help our customers during this challenging time are described in this Guide.

This Guide includes information as of **March 31, 2020**, and is subject to change. Updates will be posted online and available through your Horizon BCBSNJ sales executive or account manager.

We are grateful for the trust our customers place in us. For more than 87 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 you count on today, tomorrow and beyond.

Key resources

- **HorizonBlue.com/coronavirus**
- **HorizonHealthNews.com**
- **World Health Organization (WHO)**
- **Centers for Disease Control and Prevention: Coronavirus Disease 2019**
- **National Institutes of Health**
- **The New Jersey Department of Health**
- 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

Q1. Is Horizon BCBSNJ covering testing and treatment for COVID-19?

A1. Effective immediately for all fully insured members, including those covered through Medicaid, Medicare, Individual and Small Group policies, and members covered by the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP), Horizon BCBSNJ is covering services associated with the diagnosis of COVID-19 per Centers for Disease Control and Prevention (CDC) guidelines. In addition, Horizon BCBSNJ is:

- Waiving member out-of-pocket costs for all charges associated with a visit to an in-network primary care doctor or urgent care center or an in-network or out-of-network Emergency Room (ER) for evaluation of symptoms identified by the CDC as possible indicators of COVID-19 infection (fever, cough and shortness of breath).
- Waiving member out-of-pocket costs for all charges associated with a visit to an in-network primary care doctor or urgent care center or an in-network or out-of-network ER for COVID-19 testing for members who know they have been exposed to an individual diagnosed with COVID-19.
- Waiving member out-of-pocket costs for in-network and out-of-network labs for charges associated with the delivery of services connected to CDC-approved lab studies or tests for COVID-19 for members who know they have been exposed to an individual diagnosed with COVID-19 or with symptoms identified by the CDC as possible indicators of COVID-19 infection (fever, cough and shortness of breath).
- Waiving member out-of-pocket costs for the diagnosis and treatment of COVID-19 when provided by an in-network doctor through telemedicine or Horizon CareOnline, Horizon BCBSNJ's telemedicine platform.

No out-of-pocket costs for COVID-19 testing and treatment for most members

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. Will Horizon BCBSNJ cover testing of asymptomatic members who have traveled or were in areas of possible exposure?

A2. Testing asymptomatic individuals is not medically indicated and is against the current advice of the CDC and World Health Organization (WHO).

The CDC recommends voluntary home quarantine for those who have traveled to/from **countries where COVID-19 has spread** or who have been exposed to individuals with the virus.

Q3. Will Horizon BCBSNJ cover the cost of the COVID-19 vaccine when it's made available?

A3. Yes. Horizon BCBSNJ will cover the cost of COVID-19 vaccines recommended by CDC's Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF).

Q4. Will Horizon BCBSNJ waive prior authorization requirements for treatment of COVID-19?

A4. Horizon BCBSNJ will waive prior authorization requirements for:

- A visit to a primary care doctor, urgent care center or ER for evaluation of respiratory symptoms, fever, shortness of breath or other symptoms that may represent COVID-19.
- Diagnostic tests and for covered services that are medically necessary and consistent with CDC guidance if diagnosed with COVID-19.
- Lab studies or diagnostic testing for COVID-19 required during an ER evaluation or inpatient hospital stay.

Q5. Will Horizon BCBSNJ waive any other prior authorization requirements during the COVID-19 public health emergency?

A5. Horizon BCBSNJ has also waived precertification/prior authorization requirements for all inpatient admissions with a date of admission on or prior to **April 30, 2020**, unless extended. These changes take effect immediately for all Horizon BCBSNJ members, including those covered through Medicaid, Medicare, fully insured and self-insured policies. These changes apply to all inpatient admissions at acute care facilities.

Q6. Will Horizon BCBSNJ waive referral requirements for members seeking testing or treatment for COVID-19?

A6. At this time, diagnostic testing must be ordered by a doctor and can only be performed by certain laboratories. No referral is required for primary care, urgent care or emergency care.

Q7. What information can Horizon BCBSNJ provide regarding dental plans?

A7. Horizon BCBSNJ continues to monitor all information related to COVID-19 and how it affects our members with dental coverage and our dental network providers. The American Dental Association (ADA) created a **dedicated COVID-19 resource center** for both members and providers, which includes:

- **Frequently Asked Questions**
- Strategies for helping to prevent the transmission of COVID-19 in the dental health 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

Eliminating Member Out-of-Pocket Costs for Qualified Telemedicine Services

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

A1. Network and non-network providers may perform services through telemedicine platforms. As such, Horizon BCBSNJ will cover the cost of office visits performed through telemedicine at the benefit level under your plans. 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 their office.

In addition, Horizon BCBSNJ recently announced some changes to help its members when care is received through in-network doctors:

- For all fully insured, State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP), Medicaid and Medicare members, Horizon BCBSNJ has relaxed **its telemedicine rules to allow members to get covered services by phone, chat and video, including common video platforms such as FaceTime and Skype** from in-network and out-of-network health care professionals. Horizon BCBSNJ will also waive the member out-of-pocket costs for covered services, including diagnosis and treatment of COVID-19, routine care, therapy or mental health care when provided by an in-network health care professional through telemedicine.
- Self-insured health plans are responsible for the specific plan designs and may not cover telephone visits.

These changes will remain in effect through **June 30, 2020**.

Members enrolled in a fully insured plan including those covered through Medicare, Individual and Small Group policies, and members covered by the SHBP and SEHBP, as well as many members enrolled through a self-insured plan, have access to **Horizon CareOnline**, Horizon BCBSNJ's telemedicine platform. Effective immediately and through **June 30, 2020**, Horizon BCBSNJ is waiving all member out-of-pocket costs for covered services, including the diagnosis and treatment of COVID-19, routine care, therapy or mental health care (based on the member's benefits) through Horizon CareOnline.

Care through phone, chat and video

In addition, 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 your questions about COVID-19 symptoms, as well as other health questions or concerns. When appropriate, the nurse can connect the member with a doctor.

Members enrolled in a commercial market fully insured plan[1] 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 Medicaid or Medicare 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.*

Q2. Does a provider need to use a certain platform or service to provide telemedicine?

A2. The federal Health and Human Services Department has waived HIPAA enforcement regarding platforms. This allows providers to use any reasonable means of communication to work with their patients. However, we encourage the use of secure technology whenever possible.

Behavioral Health Service Continuity

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

A1. For fully insured members, including those covered through Medicaid, Medicare, Individual and Small Group policies, as well as members covered by the SHBP and SEHBP, Horizon BCBSNJ has waived member out-of-pocket costs, including deductibles, copays and coinsurance, for all telemedicine services, including behavioral health services delivered by in-network providers.

These members who have out-of-network benefits may get covered services through telemedicine from their preferred health care professional, but they remain responsible for their out-of-network, out-of-pocket costs according to the terms of their individual policies.

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?

A2. All services that can be performed through telemedicine platforms are eligible regardless of whether the service is for medical care or behavioral care. Please consult Horizon BCBSNJ's **telemedicine services guidelines**.

Furthermore, Horizon BCBSNJ is relaxing telemedicine rules to allow phone-only visits with providers. Members will incur no out-of-pocket costs for telemedicine visits, including via telephone, when delivered by an in-network health professional. This change applies to covered services including diagnosis or treatment of COVID-19, routine care, therapy or mental health care. This is effective immediately and through **June 30, 2020**, unless extended.

No out-of-pocket costs for behavioral health services via telemedicine

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 providers may still see individuals in person if medically/clinically necessary. Providers should ensure compliance with social distancing guidelines for staff and patients.

Q4. Are intensive outpatient and/or partial hospitalization programs eligible to provide services via virtual telemedicine visits?

A4. All services that can be performed through telemedicine 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 via telemedicine. Please consult Horizon BCBSNJ's **telemedicine services guidelines** to determine which services may be performed through telemedicine. Horizon BCBSNJ supports providers in making these appropriate choices with their patients.

Q5. Can Applied Behavioral Analysis (ABA) services be provided via virtual telemedicine visits?

A5. ABA services delivered through telemedicine are recognized as reimbursable under Horizon BCBSNJ's commercial and Medicaid plans through **June 30, 2020**. The timeline may be extended as with other accommodations recently announced by Horizon BCBSNJ depending on the duration of the COVID-19 public health emergency as declared by governmental authorities.

Effective **April 1, 2020**:

- ABA providers must use their clinical judgement about the appropriateness and effectiveness of using telemedicine to deliver ABA services during this period of national crisis.
- Treatment should be provided using a telemedicine platform that is synchronous in nature.
- Providers have the best knowledge of each individual member's clinical issues and needs and should approach treatment of each member accordingly.
- Current ABA service authorizations will continue and include telemedicine delivery of services.
- This guidance applies to all ABA CPT and HCPC codes.

Pharmacy Benefits

Q1. Has Horizon BCBSNJ increased access to prescription medicines?

A1. Yes, Horizon BCBSNJ has implemented an early refill program to help our members. This dynamic process allows 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. Horizon BCBSNJ will also ensure formulary flexibility if there are shortages or access issues. We will not hold patients liable for additional charges stemming from obtaining a non-Preferred medication resulting from 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**. A customer service representative can also help make the change over the phone.

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

Early refill and mail-order pharmacy benefits

Q3. Is Horizon BCBSNJ preparing for potential medicine shortages?

A3. Horizon BCBSNJ continues to work with Prime Therapeutics to identify any shortages before our members are impacted. We continue to work with the manufacturing companies and will be monitoring potential shortages. Where necessary, Horizon BCBSNJ will consider formulary flexibility if there are shortages or access issues. Such determinations will be made on an individual basis and we will not hold our members liable for additional charges stemming from obtaining a non-Preferred medication resulting from shortages or access issues.

Q4. How is Horizon BCBSNJ going to provide access to therapies that may help treat COVID-19?

A4. Treatment of therapies for COVID-19 will be covered under Horizon BCBSNJ plans. In most cases, the treatment will be covered under the member's inpatient benefit or prescription drug coverage. The plan will pay for all medically necessary treatment and drugs approved by the FDA.

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.

Helping Group 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 the Health Insurance Marketplace (the federal Exchange) and for dental coverage on the Exchange, 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 Exchange, 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 Exchange, your employees may qualify for advanced premium tax credits (APTCs), which can help lower their out-of-pocket premium costs.

COBRA and New Jersey 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 **May 31, 2020**, 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 May 31, 2020

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 **May 31, 2020**. 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 **May 31, 2020**, to help our group customers to combat the growing 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 though the Annual Enrollment Period (AEP) is closed?

A6. 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. Your employees may qualify for advanced premium tax credits (APTCs) through the Health Insurance Marketplace (the federal exchange), which can help lower their out-of-pocket premium costs.

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. Do I have flexibility for making premium payments?

A13. ***For the Individual (IHC) Market:***

Members in the Individual market have a grace period in which to pay the premium due. The length of the grace period depends on whether or not the member is receiving an advance premium tax credit (APTC) from the federal government:

- A member who receives an APTC and has paid at least the first month's premium, has a three-month grace period to pay their premium.
- A member who does not receive an APTC, has a 31-day grace period to pay their premium.

The entire premium due must be paid in full before the grace period ends.

If the premium is not paid by the end of the grace period, coverage will be terminated as follows:

- For members receiving an APTC, coverage will retroactively terminate to the last day of the first month of the three-month grace period.
- For members not receiving an APTC, coverage will terminate on the paid to date.

For the Small Employer Market:

Existing customers have a 31-day grace period in which to pay the premium due.

If the total premium due by the end of the grace period is not received, the policy will be terminated at the end of the grace period. The Small Employer remains liable for the premium for the period the coverage is in effect.

For the Large Employer Market:

Existing customers have a 31-day grace period in which to pay the premium due.

If at least 90% of the premium due is not paid by the end of the grace period, the policy will be terminated retroactively to the last paid date of coverage.

Q14. I had trouble paying my premium and as a result, my coverage was terminated. How can I have it reinstated?

A14. ***For the Individual (IHC) Market:***

On Exchange:

Members enrolled in coverage through the Health Insurance Marketplace (the federal Exchange) cannot generally be reinstated for non-payment of premium into their on-Exchange coverage, unless the Exchange allows it.

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

Off Exchange:

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 (2853)** 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.

Q15. Will Horizon BCBSNJ offer flexibility on paying premiums, including extensions, longer grace periods, etc.?

A15. For group customers whose economic hardship may require more time to pay, please contact your Horizon BCBSNJ sales executive or account manager to discuss your hardship. Horizon BCBSNJ commits to working with each of its customers impacted by the public health and economic hazard brought on by COVID-19.

Q16. Will there be federal assistance?

A16. Yes. Congress recently passed a stimulus package as part of the Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act. Employers may qualify for expanded grants under the Small Business Administration business loan program to pay for employee wages, including the cost of health insurance. Most employers under the size of 500 employees would qualify. Additionally, the CARES Act provides for a variety of tax credits and immediate cash assistance to both individuals and businesses. Please consult your advisor for how federal programs made available through the CARES Act may assist your business.

Q17. If an insured employer has only a single benefit plan, but wants to change the plan mid-year to a leaner plan design to save money, will Horizon BCBSNJ allow it?

A17. Yes. Through **June 30, 2020** and at the employer's request, Horizon BCBSNJ will allow a one-time exception to move to a leaner plan design. The group's anniversary date will not change.

Q18. Can an insured employer add an additional leaner plan and have a Special Open Enrollment?

A18. ***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.

Q19. Do groups need to notify Horizon BCBSNJ if they are making changes to their plans due to COVID-19?

A19. Yes, if groups are making changes to their plans in response to COVID-19, we do require notification. No related policy amendment is required for Stop Loss because we underwrite the benefits as specified by each plan sponsor.

Q20. Will Horizon BCBSNJ recognize furloughed or COBRA employees for Stop Loss purposes as active participants?

A20. 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.

Q21. Will Horizon BCBSNJ cover Stop Loss claims related to COVID-19 coverage relaxations that you are recommending for other health plans?

A21. 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.

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

Subject to change.

COVID-19 Update

as of March 31, 2020

Q4. How can I protect myself and my family?

A4. There is currently no vaccine to prevent COVID-19, so the best way to prevent illness is to avoid exposure to the virus. Here are some common-sense steps you can take to improve your chances of avoiding exposure:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with your arm or a tissue. If you use a tissue, throw it in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.
- If you can't wash your hands, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Follow **government travel restrictions**.

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

A5. If you begin to experience any of the symptoms, 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**.

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