

COVID-19 (Coronavirus) Resource Guide

COVID-19 Update

as of September 2, 2020

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as of September 2, 2020

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's cross-functional Executive Response Team and Risk Group, led by Don Liss, MD, Vice President and Chief Medical Officer, is focused on the Company's 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 **September 2, 2020**, and is subject to change. This Guide includes updated information about:

- The extension of the member cost-sharing waiver for treatment of a primary diagnosis of COVID-19 through **December 31, 2020** (see page 4)
- Antibody testing coverage (see page 5)
- Extended access to Horizon CareOnline for fully insured Horizon MyWay HRA members (see page 7)
- The expiration of the emergency grace period offered to individuals and groups in good standing with Horizon BCBSNJ as of **March 1, 2020** (see pages 12, 13, 14 15 and 17)

We are grateful for the trust our customers place in us. For 88 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 \(WHO\)](https://www.who.int/)
- [Centers for Disease Control and Prevention: Coronavirus Disease 2019](https://www.cdc.gov/coronavirus/2019-nCoV/)
- [National Institutes of Health](https://www.nih.gov/)
- [The New Jersey Department of Health](https://www.state.nj.us/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 Diagnosis, Treatment and Antibody Testing

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

A1. Yes, and for most members, if their doctor determines that they should be tested for COVID-19, 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.

Additionally, through **December 31, 2020**, unless extended, 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.

Testing conducted to screen for general workplace and school health and safety, for public health surveillance, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 is not covered.

This information applies to all fully insured members, including those covered through Medicaid, 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.



**No cost sharing
for testing or
treatment of
COVID-19 for
most members**

Q2. Will Horizon BCBSNJ cover testing of asymptomatic members with possible exposure?

A2. Horizon BCBSNJ will cover testing when performed in accordance with the recommendations published by the CDC and the state of New Jersey.

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 referral requirements for members seeking testing or treatment for COVID-19?

A4. 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.

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.

Beginning with claims received on August 1, 2020, Horizon BCBSNJ will pay claims for COVID-19 antibody testing for most members:

- Age 20 and under without member cost sharing and without requiring proof of an individualized clinical assessment from an eligible clinician, acting within the scope of their licensure.
- Age 21 and older without member cost sharing when evidence for an individualized clinical assessment to determine whether the test is medically appropriate for the individual in accordance with currently accepted standards of medical practice from an eligible clinician is provided.

These claims will be reimbursed without member cost sharing until 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.

Antibody testing claims for members age 21 and older who self-direct, or those lacking evidence for an individualized clinical assessment, will be denied.

Antibody testing claims received **before August 1, 2020** will be paid without member cost sharing and without requiring proof of an individualized health assessment, as testing was done before the federal government released guidance for these claims.

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

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

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. In-network and out-of-network health care professionals may perform services through telemedicine platforms. 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. Many members also have access to **Horizon CareOnline**, Horizon BCBSNJ's telemedicine platform.

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, all fully insured members, including those covered through Medicaid, 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), can **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, if covered by their health plan.

When provided by **in-network** health care professionals, Horizon BCBSNJ will waive the member cost sharing for covered services provided by telemedicine, including routine care, therapy or mental health care.

When a Horizon BCBSNJ member has **out-of-network** benefits, and the member chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available, but members remain responsible for their out-of-network cost sharing 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.

Telemedicine will continue to be a covered benefit after the public health emergency and the State of Emergency. Horizon BCBSNJ will evaluate the expansion of coverage that's now in place for certain services once the public health emergency ends.



**Care through
phone, chat
and video**

Q2. What other resources are available to members?

A2. 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 SHBP/SEHBP and Medicaid 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 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.*

Q3. 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?

A3. 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.

Q4. Does a provider need to use a certain platform or service to provide telemedicine?

A4. During the public health emergency, 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 and telehealth services?

A1. For fully insured members, including those covered through Medicaid, 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 their preferred health care professional, but they remain responsible for their out-of-network cost sharing 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 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](#).

Furthermore, Horizon BCBSNJ is relaxing telemedicine and telehealth rules to allow phone-only visits with providers. Members will incur no cost sharing for telemedicine and telehealth visits, 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 member cost-sharing waiver and relaxation of telemedicine and telehealth rules 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.



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

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

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 via 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 providers 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 recognized as reimbursable under Horizon BCBSNJ's commercial and Medicaid plans through the public health emergency and State of Emergency declared by Governor Murphy in Executive Order 103 of 2020.

Effective **April 1, 2020**:

- ABA providers 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. Yes, Horizon BCBSNJ implemented an early refill program to help members. The early refill program was retired on June 30, 2020, for commercial members; however, these members are still able to obtain early refills of their medications as outlined in their benefits. For our Medicaid and Medicare Advantage members, the early refill program will remain in place until further notice. This 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. 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 Advantage members** can call **1-800-391-1916**.

Q3. Is Horizon BCBSNJ preparing for potential medicine shortages?

A3. Horizon BCBSNJ is working with Prime Therapeutics and manufacturing companies to identify shortages before our members are impacted. Where necessary, Horizon BCBSNJ will consider formulary flexibility if there are shortages or access issues. Determinations will be made on an individual basis and we will not hold our members liable for additional charges if they need to get a non-Preferred medication due to shortages or access issues.

Q4. How is Horizon BCBSNJ providing 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.



**Mail-order
pharmacy benefits
are available**

Dental Benefits

Q1. I offer Horizon Dental coverage to my employees. How is Horizon BCBSNJ helping its dental members get care during the COVID-19 public health emergency?

A1. To help our fully insured dental members get the care they may need during the COVID-19 public health emergency, Horizon BCBSNJ reimbursed dental professionals for care that could be delivered through teledentistry. Specifically, as of **March 15, 2020**, and through **August 31, 2020**, dental professionals could submit claims using the following CDT codes without frequency limitations when submitted for the same date of service as the teledentistry codes D9995/D9996:

- **D0140 limited oral evaluation – problem focused**

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

- **D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit)**

Assessing the status of a previously existing condition. For example:

- A traumatic injury where no treatment was rendered, but patient needs follow-up monitoring
- Evaluation for undiagnosed continuing pain
- Soft tissue lesion requiring follow-up evaluation

If these CDT codes are submitted without teledentistry codes D9995/D9996, Horizon BCBSNJ will apply frequency limitations and exclusions per the member's benefits.

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

A2. 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

Emergency Grace Period Premium Deferral

Q1. I am enrolled in an Individual plan through the Exchange and I get an Advance Premium Tax Credit (APTC). My financial circumstances have changed due to the COVID-19 pandemic, and I am unable to pay my health/dental premium(s) right now. Can Horizon BCBSNJ help me?

A1. Per New Jersey Department of Banking and Insurance (DOBI) Bulletin No. 20-11, Horizon BCBSNJ offered you an extra one-month emergency grace period if you were unable to make your premium payments for health and/or dental coverage. This was in addition to the existing three-month grace period you already have. This emergency grace period could be considered as a one-month delay in beginning your standard grace period. During this one-month emergency period, Horizon BCBSNJ would not terminate your policy for nonpayment of premium. However, you remain responsible to pay the premiums due for that period per the repayment terms below.

The emergency grace period which was granted to members in good standing as of March 1, 2020, has expired. Effective July 1, 2020, the standard delinquency rules resumed. All policy holders are required to remit monthly premium on the premium due date or before the end of the grace period. The current premium due in addition to any deferred premium charges should be paid timely.

Eligibility

To be eligible for this emergency grace period, your account must have been in good standing as of **March 1, 2020**. The emergency grace period may have applied beginning with either your premium due in April, or your premium due in May.

Repayment

The emergency grace period precedes your standard three-month grace period. **If you took advantage of the emergency grace period, you must repay your health and/or dental premiums deferred for that month in full, in equal installments by December 31, 2020.** Any premium(s) that you do not pay during the standard three-month grace period will be due in full by the end of the standard three-month grace period. The payment period begins after the emergency grace period ends, and the deferred premium installment payments will be in addition to your existing monthly premium. You must make both your monthly premium and deferred premium installment payments to keep coverage active. If you can, we encourage you to pay your deferred premiums sooner.

How to Make a Premium Payment

You can make your premium payments by personal check, credit card, debit card, ACH transaction and through your bank's online banking service. These options are available online and over the phone.

If you need information about your coverage or how to pay your premiums, sign in to the **Horizon Blue** app or our secure member web portal at **HorizonBlue.com** to Chat with a Member Services Representative or send an email with your questions. You can also call us at **1-800-355-BLUE (2583)**.

Q2. I am enrolled in an Individual plan but do not get an Advance Premium Tax Credit (APTC). My financial circumstances have changed due to the COVID-19 pandemic, and I am unable to pay my health/dental premium(s) right now. Can Horizon BCBSNJ help me?

A2. Per New Jersey Department of Banking and Insurance (DOBI) Bulletin No. 20-11, Horizon BCBSNJ extended your health and dental premium payment grace period from 31 days to 60 calendar days if you were unable to make your premium payments for health and/or dental coverage. During this 60-day emergency period, Horizon BCBSNJ would not terminate your policy for nonpayment of premium. However, you remain responsible to pay the premiums due for that period per the repayment terms below.

The emergency grace period which was granted to members in good standing as of March 1, 2020, has expired. Effective July 1, 2020, the standard delinquency rules resumed. All policy holders are required to remit monthly premium on the premium due date or before the end of the grace period. The current premium due in addition to any deferred premium charges should be paid timely.

Eligibility

To be eligible for this emergency grace period, your account must have been in good standing as of **March 1, 2020**. The emergency grace period may have applied beginning with either your premium due in April, or your premium due in May.

Repayment

If you took advantage of the emergency grace period, you must repay your health and/or dental premiums in full, in equal installments by December 31, 2020. The payment period begins after the emergency grace period ends, and the deferred premium installment payments will be in addition to your existing monthly premium. You must make both your monthly premium and deferred premium installment payments to keep coverage active. If you can, we encourage you to pay your deferred premiums sooner.

How to Make a Premium Payment

You can make your premium payments by personal check, credit card, debit card, ACH transaction and through your bank's online banking service. These options are available online and over the phone.

If you need information about your coverage or how to pay your premiums, sign in to the **Horizon Blue** app or our secure member web portal at **HorizonBlue.com** to Chat with a Member Services Representative or send an email with your questions. You can also call us at **1-800-355-BLUE (2583)**.

Q3. I offer a fully insured Small Employer plan to my employees. My financial circumstances have changed due to the COVID-19 pandemic, and I am unable to pay my group's health/dental premium(s) right now. Can Horizon BCBSNJ help me?

A3. Per New Jersey Department of Banking and Insurance (DOBI) Bulletin No. 20-12, and upon the small employer's request made by completing and submitting an **Emergency Grace Period Premium Deferral Agreement**, Horizon BCBSNJ offered an extension of the health and/or dental premium payment grace period for small employer customers from 31 calendar days to 60 calendar days. During this 60-day emergency period, Horizon BCBSNJ would not terminate the small employer's group policy for nonpayment of premium. However, the small employer remains responsible to pay the premiums due for that period per the repayment terms below.

The emergency grace period which was granted to employer group customers in good standing as of March 1, 2020, has expired. Effective July 1, 2020, the standard delinquency rules resumed. All policy holders are required to remit monthly premium on the premium due date or before the end of the grace period. The current premium due in addition to any deferred premium charges should be paid timely.

Eligibility

To be eligible for this emergency grace period, the small employer's group account with Horizon BCBSNJ must have been in good standing as of **March 1, 2020**. The emergency grace period may have started with either the April or the May coverage, and to the premiums due for those months covered by the emergency grace period.

Repayment

If the small employer group took advantage of the emergency grace period, the group will have six months to repay the deferred health and/or dental premiums in full. The payment period begins after the emergency grace period ends, and the deferred premium installment payments will be in addition to the existing monthly premium. The small employer group must make both the monthly premium and deferred premium installment payments to keep coverage active. If possible, we encourage employers to pay the deferred premiums sooner.

You can view premium deferral scenarios [here](#).

Extra Help Is Available

We encourage employers to apply for the help available from state and federal programs. Under the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act), many employers are eligible for an expanded business loan including a forgivable loan that will cover payroll expenses including premiums for coverage. More information is available on the [U.S. Small Business Administration website](#) or the [New Jersey Chamber of Commerce website](#). Additionally, New Jersey offers employers help under the emergency assistance loan program through the New Jersey Economic Development Authority. More information is available at cv.business.nj.gov.

Each employer signing an **Emergency Grace Period Premium Deferral Agreement** with Horizon BCBSNJ to extend their grace period shall make a good faith effort to apply for help available under these programs.

Renewals During the Emergency Grace Period and Other Administrative Changes

Small employers with renewals occurring in March 2020, through the end of the State of Emergency will be eligible for renewal with Horizon BCBSNJ. If the small employer group already received a termination notice based on the small employer certification, that termination notice is hereby rescinded.

Horizon BCBSNJ will also waive any waiting periods for re-hired employees and relax full-time requirements under the policy to continue coverage for employees with reduced hours.

How to Make Premium Payments

Small employer customers can make premium payments by check, credit card, debit card, ACH transaction and through their bank's online banking service. These options are available online and over the phone.

Small employer groups with questions about deferring or making premium payments should contact their brokers.

Q4. I offer a fully insured Large Employer plan to my employees. The company's financial circumstances have changed due to the COVID-19 pandemic, and we are unable to pay the our group's health/dental premium(s) right now. Can Horizon BCBSNJ help?

- A4.** Per New Jersey Department of Banking and Insurance (DOBI) Bulletin No. 20-13, Horizon BCBSNJ offered an extension of the health and/or dental premium payment grace period for qualifying large employer customers to 60 calendar days. The employer's senior financial officer or certified public accountant must have attested to the employer's financial hardship directly caused by COVID-19 and submitted the attestation together with the **Emergency Grace Period Premium Deferral Agreement** outlining the repayment terms. During this 60-day emergency period, Horizon BCBSNJ would not terminate your group's policy for nonpayment of premium.

The emergency grace period which was granted to employer group customers in good standing as of March 1, 2020, has expired. Effective July 1, 2020, the standard delinquency rules resumed. All policy holders are required to remit monthly premium on the premium due date or before the end of the grace period. The current premium due in addition to any deferred premium charges should be paid timely.

Eligibility

To be eligible for this emergency grace period, the employer's account with Horizon BCBSNJ must have been in good standing as of **March 1, 2020**. The emergency grace period may have applied to the April or May premium.

Repayment

If the employer group took advantage of the emergency grace period, the group will have at least six months over the remaining months of the policy to repay the deferred health and dental premiums in full. The payment period begins after the emergency grace period ends, and the deferred premium installment payments will be in addition to your existing monthly premium. You must make both your monthly premium and deferred premium installment payments to keep coverage active. If you can, we encourage you to pay your deferred premiums sooner.

You can view premium deferral scenarios [here](#).

Extra Help Is Available

We encourage employers to apply for the help available from state and federal programs. Under the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act), many employers are eligible for an expanded business loan including a forgivable loan that will cover your payroll expenses including premiums for your coverage. More information is available on the [U.S. Small Business Administration website](#) or the [New Jersey Chamber of Commerce website](#). Additionally, New Jersey offers employers help under the emergency assistance loan program through the New Jersey Economic Development Authority. More information is available at cv.business.nj.gov.

Each employer signing an [Emergency Grace Period Premium Deferral Agreement](#) with Horizon BCBSNJ to extend their grace period shall make a good faith effort to apply for help available under these programs.

Renewals During the Emergency Grace Period and Other Administrative Changes

Horizon BCBSNJ will waive participation requirements for renewals between March 2020, and the end of the State of Emergency.

In addition, Horizon BCBSNJ will waive any waiting periods for re-hired employees and relax full-time requirements under the policy to continue coverage for employees with reduced hours.

How to Make Premium Payments

Large employer customers can make premium payments by check, ACH transaction and wire transfer.

Please contact your Horizon BCBSNJ account manager or consultant if you need more information about deferring premium payments or how to make a premium payment.

Q5. I am enrolled in a Medicare Supplemental Plan. My financial circumstances have changed due to the COVID-19 pandemic, and I am unable to pay my premium right now. Can Horizon BCBSNJ help me?

A5. Per New Jersey Department of Banking and Insurance (DOBI) Bulletin No. 20-14, Horizon BCBSNJ extended your Medicare Supplemental plan premium payment grace period to 60 calendar days if you were unable to make your premium payment. During this 60-day emergency period, Horizon BCBSNJ would not terminate your policy for nonpayment of premium. However, you remain responsible to pay the premiums due for that period per the repayment terms below.

The emergency grace period which was granted to members in good standing as of March 1, 2020, has expired. Effective July 1, 2020, the standard delinquency rules resumed. All policy holders are required to remit monthly premium on the premium due date or before the end of the grace period. The current premium due in addition to any deferred premium charges should be paid timely.

Eligibility

To be eligible for this emergency grace period, your account must have been in good standing as of **March 1, 2020**. The emergency grace period may have applied beginning with either your premium due in April, or your premium due in May.

Repayment

If you took advantage of the emergency grace period, you will have to repay your premiums in full over the remaining months of your policy, in equal installments. The payment period begins after the emergency grace period ends, and the deferred premium installment payments will be in addition to your existing monthly premium. You must make both your monthly premium and deferred premium installment payments to keep coverage active. If you can, we encourage you to pay your deferred premiums sooner.

How to Make a Premium Payment

You can make your premium payments by personal check, credit card, debit card, ACH transaction and through your bank's online banking service. These options are available online and over the phone.

If you need information about your coverage or how to pay your premiums, sign in to the **Horizon Blue** app or our secure member web portal at **HorizonBlue.com** to Chat with a Member Services Representative or send an email with your questions. You can also call us at **1-888-276-4299 (TTY 711)**.

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 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 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 **December 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
December 31, 2020



COVID-19 Update

as of September 2, 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 **December 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 **December 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. 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 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 (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. 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?

A14. Yes. Through **December 31, 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.

Q15. Can an insured employer add an additional leaner plan and have a Special Open Enrollment?

A15. 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.

Q16. Do groups need to notify Horizon BCBSNJ if they are making changes to their plans due to COVID-19?

A16. 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.

Q17. Will Horizon BCBSNJ recognize furloughed or COBRA employees for Stop Loss purposes as active participants?

A17. 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.

Q18. Will Horizon BCBSNJ cover Stop Loss claims related to COVID-19 coverage relaxations that you are recommending for other health plans?

A18. 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 Update
as of September 2, 2020

Q19. 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?

A19. 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 **December 31, 2020**.

Q20. I have a new hire/dependent enrollee joining my group's health plan, but with the changes in 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?

A20. 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 **December 31, 2020**.

Q21. I need to terminate an employee's coverage, but with the changes in business environment due to COVID-19, I cannot submit complete paperwork within 60 days as required. Can Horizon BCBSNJ help me?

A21. 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 **December 31, 2020**.

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.

Here is an overview of the extended timeframes required by the announcement, 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.
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 is updating workflows to 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.

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

Horizon BCBSNJ is updating workflows to 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.

- **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 is updating workflows to 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.

- **The date by which a claimant may file information to perfect a request for external review upon a finding that the request was not complete**

Horizon BCBSNJ is updating workflows to 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.

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

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**.

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 and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and 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. © 2020 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.

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