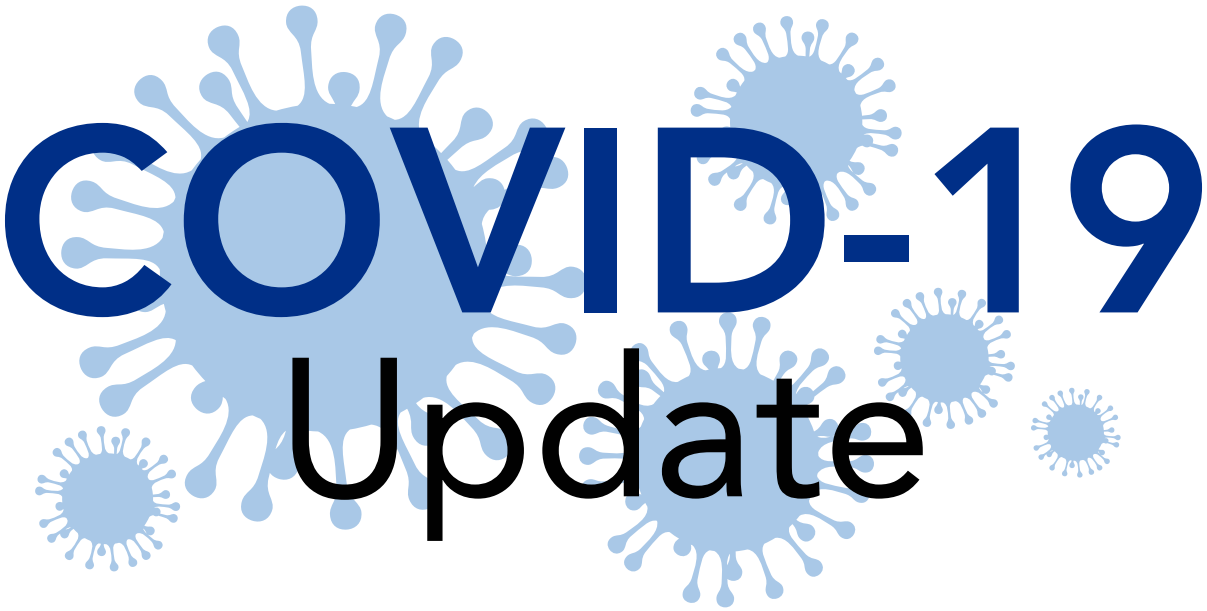
COVID-19 Resource Guide



as of June 21, 2022

HorizonBlue.com

Horizon

COVID-19 Update

as of June 21, 2022

Inside this Guide, you will find:

As our customer, you may know that the health and well-being of our members, as well as the safety of our employees and of the health care professionals on whom we rely to deliver excellent care, have always been our top priorities. Throughout the COVID-19 public health emergency and beyond, Horizon continues to earn the trust of our customers. We are proud of our efforts to address coverage matters and adjust business practices to help our members and customers during this unprecedented time.

This Resource Guide is updated as of June 21, 2022. Updated information includes:

- The reinstatement of actively at work and waiting period requirements (see information beginning on page 12)

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

Additional Resources

- HorizonBlue.com/covid19
- Federal website to order free OTC, at-home tests
- New Jersey website to order a free saliva-based PCR test
- HorizonHealthNews.com
- World Health Organization (WHO)
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health
- New Jersey Department of Health
- NJ Vaccine Scheduling System (NJVSS)
- 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 Coverage and COVID-19 Testing and Vaccines

Does Horizon cover lab-based COVID-19 testing?

Yes, COVID-19 viral testing with an FDA-authorized test is covered when ordered by a health care professional and the test is performed for diagnostic purposes.

When a member's doctor determines that COVID-19 diagnostic testing is appropriate, out-of-pocket costs for testing will be waived. This waiver of out-of-pocket costs for COVID-19 testing is in place now and will continue until the end of the federal Public Health Emergency. When the federal Public Health Emergency ends, coverage will be subject to the general terms and conditions of the benefit plan.

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

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

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

Does Horizon cover over-the-counter (OTC), at-home COVID-19 testing?

Yes. Horizon health plans have always covered testing to diagnose a COVID-19 infection when a doctor orders the test.

And, beginning **January 15, 2022** and through the end of the federal Public Health Emergency, for our commercial market members, Horizon health plans began covering up to eight over-the-counter, at-home tests per member every 30 days when the tests are for personal use to diagnose a COVID-19 infection. There is no additional cost for these at-home tests. Members do not need a doctor to prescribe them.

Members can get the OTC, at-home tests at the pharmacy counter and online. To order online, members should:

- Visit Thrifty White Pharmacy and create a new account or sign in if already registered. To create a new account, members will need to enter their member ID number from their member ID card and their date of birth.
- Use the search bar to find *FlowFlex COVID-19 tests.*
- Add the test(s) to their shopping cart and check out using coupon code **PT22Flow**. No payment information is required unless additional items are purchased.

Orders are shipped by UPS Ground at no cost. If members choose another shipping method, shipping charges may apply.

In addition, all of our members can place multiple orders for free OTC, at-home tests from the federal government at special.usps.com/testkits.

Are COVID-19 vaccines covered?

Yes, all FDA-approved and authorized vaccines are 100% covered when used for their approved or authorized indications. That means members will not pay any money out-of-pocket to get a COVID-19 vaccine. During the Public Health Emergency, COVID-19 vaccines are covered through in- and out-of-network doctors, hospitals, pharmacies and other health care professionals, as well as through vaccine administration sites.

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

This also applies to all non-grandfathered self-insured customers. Members covered through self-insured health plans should read their plan documents for coverage information. Horizon will continue to work with self-insured customers that provide coverage for their employees on their specific plan designs.

Does Horizon cover antibody (serology) tests for COVID-19?

Horizon 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'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 that Serologic testing should not be used to determine immune status in individuals. 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.

Watch this video from the FDA about antibody testing.

COVID-19 Treatment and Workers' Compensation Coverage

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

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

The law described above is effective in accordance with the declaration and redeclaration of New Jersey's public health emergency period. This means law was effective from **March 9, 2020** through **June 4, 2021**, and from **January 11, 2022** through **March 7, 2022**.

With the expiration of the law, the rebuttable presumption will only apply for claims with dates of service **March 9, 2020** through **June 4, 2021**, and **January 11, 2022** through **March 7, 2022**, although essential workers may still be eligible for Workers' Compensation after the expiration date. In such cases, the burden of proof for establishing compensability for a COVID-19 infection will return to the higher standard of establishing that the illness was contracted in the workplace and was work-related.

Member Cost Sharing for Telemedicine Visits

Does Horizon cover telemedicine services to help members get care while reducing the opportunities for disease transmission?

Yes, and telemedicine visits for eligible services are covered in the same way as in-person care.

Many members also have access to **Horizon CareOnline**, Horizon's telemedicine platform, which is available through the **Horizon Blue app** and when signed in at HorizonBlue.com.

Do member out-of-pocket costs apply to telemedicine visits?

It depends. If the member uses an in-network doctor for a telemedicine visit or Horizon CareOnline to determine the need for a diagnostic COVID-19 test, then the member's out of pocket costs will be waived. This member cost sharing waiver will continue until the end of the federal Public Health Emergency.

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

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

Related to the enactment of a new law that affects our Commercial market health plans, if the member has a telemedicine visit for any reason other than to determine the need for a diagnostic COVID-19 test, then the member's cost sharing applies. This change went in to effect on **January 1, 2022** for members covered by self-insured health plans, excluding the SHBP and SEHBP, and on **February 3, 2022** for members of fully insured health plans and the SHBP and SEHBP.

Members can get care through phone, chat and video

What other resources are available to members?

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

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

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

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

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's telemedicine service. Has that changed due to the COVID-19 public health crisis?

To help ease the pressure on the health care system, effective **March 13, 2020**, Horizon enabled all fully insured members, including integrated Horizon MyWay HRA members, to access Horizon CareOnline for covered urgent care and behavioral health care services. However, related to the enactment of a new law that affects our Commercial market health plans, this additional access to Horizon CareOnline was discontinued effective **February 3, 2022**.

Continuity of Care for Behavioral Health Services

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

All covered services that can be performed through telemedicine and telehealth platforms are eligible for reimbursement regardless of whether the service is for medical care or behavioral health care.

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

All covered services that can be performed through telemedicine and telehealth platforms are eligible for reimbursement. There may be some instances where the member's clinical needs and technological capacity suggest that the member may need to be seen in person rather than through telemedicine or telehealth. Horizon supports behavioral health professionals in making these appropriate choices with their patients.

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

Horizon will continue to adhere to all of the federal and state guidance provided for the use of telemedicine and telehealth to support members for ABA. ABA services delivered through telemedicine are recognized as reimbursable under Horizon's commercial and Medicaid plans until the end of the federal Public Health Emergency.

- ABA professionals must use their clinical judgement about the appropriateness and effectiveness of using telemedicine and telehealth to deliver ABA services during this time.
- 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

Has Horizon increased access to prescription medicines?

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

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

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

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

Prime Therapeutics, our pharmacy benefits 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 process uses specially trained agents to help facilitate the transition from retail to mail order. Members can transfer prescriptions to mail order by registering with AllianceRx Walgreens Prime at alliancerxwp.com/home-delivery. Customer service representatives can also help make the change over the phone.

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

Mail-order pharmacy benefits are available

Commercial and Medicare Advantage members also have access to Amazon Pharmacy, a full-service, in-network pharmacy. To sign up or learn more about Amazon Pharmacy, visit amazon.com/horizonblue, Members who have questions about or need help with Amazon Pharmacy can call Amazon Pharmacy Customer Care at **1-855-549-1760**. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

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

Dental Benefits

What information can Horizon provide regarding dental plans?

Horizon continues to monitor information related to COVID-19 and how it affects our members with dental coverage and our dental network professionals. The American Dental Association (ADA) created a dedicated COVID-19 resource center for both members and dental professionals.

Helping Members Maintain Coverage

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

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

- If your employee's spouse, domestic partner or civil union partner, when applicable, has coverage through their employer, your employee may be able to be covered under that other 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 Period (SEP). When applying for health coverage both on and off Get Covered New Jersey, the state's health insurance marketplace (marketplace), and for dental coverage on the marketplace, the individual can apply for coverage 60 days prior to the loss of coverage as well as 60 days from the date of the loss of coverage. However, if the individual is applying for dental or vision coverage off the marketplace, he or she can apply at any time. We encourage an application prior to the loss of coverage to avoid a potential lapse in coverage. Additionally, through the marketplace, your employees may qualify for advanced premium tax credits (APTCs), which can help lower their out-of-pocket premium costs.

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

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?

The actively at work waiver which allowed employees who were furloughed, temporarily laid off or whose work hours were reduced due to the COVID-19 public health emergency to maintain their small employer coverage ended on **April 30, 2022**. Effective **May 1, 2022**, small employers must terminate coverage for such employees.

For the large employer market, the actively at work waiver ended **June 30, 2021**.

Regardless of group size, 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.

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?

The provision which required the waiting period to be waived for employees returning to work after being laid off or furloughed due to the COVID-19 public health emergency ended on **April 30, 2022**. Effective **May 1, 2022**, employees who return to work must satisfy any applicable waiting period.

Which employers must provide COBRA continuation?

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).

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

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.

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

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.

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?

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.

Who is a qualified beneficiary?

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.

What is the premium amount for COBRA continuation and NJGC?

Generally, the employee (or continuee) is fully responsible for the cost of COBRA continuation and NJGC 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. The employer will remit the continuee's payment to the carrier.

However, individuals who are eligible for COBRA continuation coverage by reason of a qualifying event that is a reduction in hours may be eligible for premium assistance under the American Rescue Plan Act (ARPA). The ARPA, which was signed into law on **March 11, 2021**, created a new 100% COBRA premium subsidy from **April 1, 2021**, **through September 30, 2021**, for individuals who qualify for premium assistance. This subsidy was only available to individuals who are COBRA eligible due to a reduction in hours (such as reduced hours due to change in a business's hours of operations, a change from full-time to part-time status, taking of a temporary leave of absence, or an individual's participation in a lawful labor strike, as long as the individual remains an employee at the time that hours are reduced) or an involuntary termination of employment (not including a voluntary termination). It also allowed eligible individuals to enroll in COBRA coverage even if they declined coverage earlier or if their enrollment window closed. This subsidy also applied to continuation coverage under NJGC, the state's mini-COBRA requirement.

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

For the Individual (IHC) Market:

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

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

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

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

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

Members should 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 processes the termination.

For the Large Employer Market:
Accounts are handled on a case-by-case basis. Please contact your Horizon sales executive or account manager.

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

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.

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

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

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

Yes, Horizon 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.

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

Yes, Horizon 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.

ERISA Plan Relief and Extension of Timeframes

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

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

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

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

Here is an overview of the extended timeframes required by the announcement and subsequent guidance, and information on how Horizon 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 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 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 to process.

  If the group health plan chooses to hold the enrollment request, Horizon 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 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 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 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 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 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 will ensure that the period between **March 1, 2020** and 60 days following the announced end of the National Emergency do not count toward existing claims timely filing limits. However, extensions are capped at one year.
- **The date by which claimants may file an appeal of an adverse benefit determination under the plan's claims procedure**
  Horizon will ensure that the period between **March 1, 2020** and 60 days following the announced end of the National Emergency do not count toward existing appeals filing limits. However, extensions are capped at one year.
- **The date by which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination**
  Horizon will ensure that the period between **March 1, 2020** and 60 days following the announced end of the National Emergency do not count toward existing appeals filing limits. However, extensions are capped at one year.
- **The date by which a claimant may file information to supplement a request for external review if the original request was determined to be incomplete**
  Horizon will ensure that the period between **March 1, 2020** and 60 days following the announced end of the National Emergency do not count toward existing filing limits. However, extensions are capped at one year.