

COVID-19 Resource Guide

COVID-19 Update

as of March 27, 2023

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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 March 27, 2023. Updated information includes:

- The end of the public health emergency

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](#)
- HorizonHealthNews.com
- [World Health Organization \(WHO\)](https://www.who.int)
- [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov)
- [National Institutes of Health](https://www.hhs.gov/nih)
- [New Jersey Department of Health](https://www.nj.gov/health)
- [NJ Vaccine Scheduling System \(NJVSS\)](#)
- New Jersey Poison Center and Coronavirus 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 through **May 11, 2023**. When the federal public health emergency ends on **May 11, 2023**, members will continue to have coverage for lab PCR and Rapid COVID-19 tests and treatment when received in-network. However, members may have to pay their copay, deductibles and/or coinsurance. If members have out-of-network coverage and use an out-of-network provider, they will pay more out of pocket.

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?

As of **January 15, 2022** and through **May 11, 2023**, Horizon commercial health plans cover 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. Effective **May 12, 2023**, members will have to pay for over-the-counter, at home COVID-19 tests.

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



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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. At the end of the public health emergency, members will have no out-of-pocket costs for the COVID-19 vaccine and boosters when they use an in-network provider. If the member uses an out-of-network provider, the member may have out-of-pocket costs.

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.

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 was effective in accordance with the declaration and redeclaration of New Jersey's public health emergency period. This means the 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 only applies 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 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



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What other resources are available to members?

Horizon members have free, 24/7 access to registered nurses through 24/7 Nurse Chat 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 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 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.

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 were eligible for COBRA continuation coverage by reason of a qualifying event that is a reduction in hours may have been 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:

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.

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.**

On **January 30, 2023**, the White House announced that the National Emergency will **end on May 11, 2023**. This means that all such extensions will end on the earlier of the following dates: one year from the start date of the applicable provision, or **July 10, 2023** (i.e., 60 days following the announced end of the National Emergency).

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

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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 **July 10, 2023** does 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 **July 10, 2023** does 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 **July 10, 2023** does 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 **July 10, 2023** does not count toward existing filing limits. However, extensions are capped at one year.

[HorizonBlue.com](https://www.horizonblue.com)



American Well is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in the administration of telemedicine services. For more information, visit info.americanwell.com/where-can-i-see-a-doctor-online. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association. The Horizon® name and symbols are registered marks, and Horizon CareOnlineSM is a service mark, of Horizon Blue Cross Blue Shield of New Jersey. © 2023 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.

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