



Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

J203573 903 0627004

July 19, 2019

Group Benefits Administrator
BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE
240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0000, 0001, 0002, 0005, 0006, 0007, 0010, 0011, 0012, 0015, 0016, 0017, 0020, 0021, 0022

Dear Group Benefits Administrator:

Enclosed is an amendment regarding changes in the following sections of your policy:

- Schedule of Covered Services and Supplies
- General Rules
- Claims Procedures
- Summary of Covered Services and Supplies

The amendment also references replacement wording.

Please distribute a copy of this amendment to your covered employees.

If you have questions about your group's benefits, please call **1-800-225-1955**. Our representatives are available to help you Monday through Wednesday and Friday, from 8 a.m. to 6 p.m., Eastern Time (ET), and Thursday from 9 a.m. to 6 p.m., ET.

We look forward to continuing to serve your insurance needs.

Sincerely,

Christopher M. Lepre
Executive Vice President
Commercial Business Unit

Enclosure



**HORIZON HEALTHCARE SERVICES, INC.
(OON Mandate HSC/EPO/OMNIA)**

| Policyholder | Policy No. | Rider No. | Effective Date |
|---|---|------------------|-----------------------|
| BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE | 08511C-0000, 0001, 0002, 0005, 0006, 0007, 0010, 0011, 0012, 0015, 0016, 0017, 0020, 0021, 0022 | 1 | August 29, 2018 |

J203573 903 003/004

I. The following provision is added to the Schedule of Covered Services and Supplies section in GRP 2002 SCH 100, GRP 2002 SCH 100 (EPO), and GRP 2015 SCH 100(HCV-HSC):

A Covered Person's liability for involuntary services rendered during a Hospital Inpatient stay in an In-Network Hospital, including, but not limited to, anesthesia and radiology, where the admitting physician is an In-Network Provider and the Covered Person and/or Provider has complied with all required Prior Authorization or notice requirements, shall be limited to the Copayment, Deductible and/or Coinsurance applicable to In-Network services.

Furthermore, a Covered Person's liability for involuntary services rendered during a Hospital Inpatient stay in an In-Network Hospital, including, but not limited to, anesthesia and radiology, where the admitting physician is an Out-of-Network Provider, shall be limited to the Copayment, Deductible and/or Coinsurance applicable to In-Network services.

II. The provision titled "Assignment" in General Rules, subsection B. in GRP 2002 GEN 101 is deleted and replaced by the following:

Assignment

Except for claims involving emergent or inadvertent services, assignment or transfer of the interest of the Employer under this Booklet will not bind Horizon BCBSNJ without Horizon BCBSNJ's advance written consent thereto. Covered Persons may not assign any rights to coverage under this Booklet without Horizon BCBSNJ's advance written consent. However, Horizon BCBSNJ may Determine to pay Covered Charges directly to Provider, Facility or Practitioner for their Covered Services and Supplies; and any such direct payment shall be treated as though paid directly to Covered Persons to satisfy Horizon BCBSNJ's obligations under this Booklet.

With respect to claims involving emergent or inadvertent services, a Covered Person's right to coverage shall be assigned directly to the Provider, Facility or Practitioner. In such instances, Horizon BCBSNJ shall pay Covered Charges directly to Provider, Facility or Practitioner for their Covered Services and Supplies.

In the event an assignment of benefit occurs under this Booklet, any subsequent payment for Covered Charges made by Horizon BCBSNJ to a Covered Person shall be considered unpaid. Any such assignment of benefit shall be an assignment of the right to receive payment alone and shall not be an assignment of the right to take legal action or bring administrative appeals.



Covered Persons may not assign their right to take legal action under this Policy to such Provider, Facility or Practitioner.

Nothing in this Assignment provision will be deemed as a waiver of a Covered Person's right to file a claim, appeal or bring legal action. For additional information, please see the Claims Procedures, Appeals Process and Covered Persons' Rights section in this Booklet.

III. The Subsection "To Whom Payment Will Be Made", item b. under the Claims Procedures section is deleted and replaced by the following:

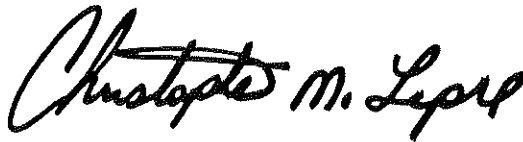
b. Except for claims involving emergent or inadvertent services and/or unless you have assigned the benefits in accordance with the Assignment provision in this Booklet, payment for services of Out-of-Network Provider, Facility or Practitioner will be made to you. A Covered Person may direct Horizon BCBSNJ, in writing, to pay for claims to the Provider, Facility or Practitioner who provided the Covered Service or Supply for which benefits became payable. Horizon BCBSNJ will Determine to pay the Covered Person, Provider, Facility or Practitioner, as applicable. But, Horizon BCBSNJ will not assume responsibility for making sure that the assignment was prepared correctly and/or that it correctly conveys the intention of the person who made it. We will not be held to know that one has been made unless it or a copy is filed with Horizon BCBSNJ. For more information about assignments under this Policy, please see the Assignment provision in the General Rules Section.

IV. The following provision is added to the subsection "Nutritional Counseling" in the "Summary of Covered Services and Supplies":

Nutritional Counseling treatments for specific eating disorder diagnoses related to mental health not be subject to visit limitations, due to the treatment limitation restrictions imposed by the Mental Health Parity and Addiction Equity Act of 2008, and as amended by the Affordable Care Act.

V. All references to "mental retardation" are replaced with "intellectual disabilities".

HORIZON HEALTHCARE SERVICES, INC.



By: _____
Executive Vice President
Commercial Business Unit

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address: **Horizon BCBSNJ**

Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

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જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ.

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.

Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجاناً. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔





Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

J203573 764 002/004

July 19, 2019

Group Benefits Administrator
BRANCBURG TOWNSHIP BOE DA7 \$10 ACTIVE
240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0035, 0036, 0037

Dear Group Benefits Administrator:

Enclosed is an amendment regarding changes in the following sections of your policy:

- Schedule of Covered Services and Supplies
- General Rules
- Claims Procedures
- Summary of Covered Services and Supplies

The amendment also references replacement wording.

Please distribute a copy of this amendment to your covered employees.

If you have questions about your group's benefits, please call **1-800-225-1955**. Our representatives are available to help you Monday through Wednesday and Friday, from 8 a.m. to 6 p.m., Eastern Time (ET), and Thursday from 9 a.m. to 6 p.m., ET.

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| BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE | 08511C-0035, 0036, 0037 | 1 | August 29, 2018 |

J203573 764 003/004

The following provision is added to the Schedule of Covered Services and Supplies section in GRP 2002 SCH 100, GRP 2002 SCH 100 (EPO), and GRP 2015 SCH 100(HCV-HSC):

Services and supplies provided by an Out-of-Network Provider are generally not covered. However, a Covered Person's liability for involuntary services rendered during a Hospital Inpatient stay in an In-Network Hospital, including, but not limited to, anesthesia and radiology, where the admitting physician is an In-Network Provider and the Covered Person and/or Provider has complied with all required Prior Authorization or notice requirements, shall be limited to the Copayment, Deductible and/or Coinsurance applicable to In-Network services.

Furthermore, a Covered Person's liability for involuntary services rendered during a Hospital Inpatient stay in an In-Network Hospital, including, but not limited to, anesthesia and radiology, where the admitting physician is an Out-of-Network Provider, shall be limited to the Copayment, Deductible and/or Coinsurance applicable to In-Network services.

II. The provision titled "Assignment" in General Rules, subsection B. in GRP 2002 GEN 101 is deleted and replaced by the following:

Assignment

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With respect to claims involving emergent or inadvertent services, a Covered Person's right to coverage shall be assigned directly to the Provider, Facility or Practitioner. In such instances, Horizon BCBSNJ shall pay Covered Charges directly to Provider, Facility or Practitioner for their Covered Services and Supplies.

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III. The Subsection "To Whom Payment Will Be Made", item b. under the Claims Procedures section is deleted and replaced by the following:


b. Except for claims involving emergent or inadvertent services and/or unless you have assigned the benefits in accordance with the Assignment provision in this Booklet, payment for services of Out-of-Network Provider, Facility or Practitioner will be made to you. A Covered Person may direct Horizon BCBSNJ, in writing, to pay for claims to the Provider, Facility or Practitioner who provided the Covered Service or Supply for which benefits became payable. Horizon BCBSNJ will Determine to pay the Covered Person, Provider, Facility or Practitioner, as applicable. But, Horizon BCBSNJ will not assume responsibility for making sure that the assignment was prepared correctly and/or that it correctly conveys the intention of the person who made it. We will not be held to know that one has been made unless it or a copy is filed with Horizon BCBSNJ. For more information about assignments under this Policy, please see the Assignment provision in the General Rules Section.

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V. All references to "mental retardation" are replaced with "intellectual disabilities".

HORIZON HEALTHCARE SERVICES, INC.

By: 
Executive Vice President
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영어를 제외한 다른 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

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Newark, NJ 07105-2200
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240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0025, 0026, 0027, 0030, 0031, 0032

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Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ.

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.

Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجاناً. يمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔



