



Horizon Blue Cross Blue Shield of New Jersey

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

May 18, 2018

Group Benefits Administrator  
Jackson Township Board of Education  
151 Don Connor Blvd  
Jackson NJ 08527-3407

Re: 085555 - 0000, 0040, 0041, 0042, 0043

> NOTICE:

## State-required changes have been made to your group's policy

> What you need to know:	> What you need to do:
<ol style="list-style-type: none"> <li>1. Changes regarding substance-use disorders language have been made to your policy.</li> <li>2. Amendments were required by the state of New Jersey.</li> <li>3. Changes were effective May 16, 2017 or the effective date of the policy, whichever is later.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review the enclosed amendment and attach it to your policy.</li> <li>2. Provide a copy of the amendment to your covered employees.</li> </ol>

Dear Group Benefits Administrator:

Enclosed is an amendment to your Horizon Healthcare Services, Inc. policy. This amendment is effective **May 16, 2017 or the effective date of the policy, whichever is later**, and is being issued to comply with state-mandated requirements regarding substance use-disorders.

Please attach this amendment to your policy and provide a copy to your covered employees.

If you have questions about your 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.

Thank you for choosing Horizon Healthcare Services, Inc. We look forward to continuing to serve your insurance needs.

Sincerely,

Christopher M. Lepre  
Senior Vice President  
Market Business Unit

Enclosure

Have any questions?

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**CALL US**

Call us at **1-800-225-1955**. Our call hours are Monday through Wednesday and Friday from 8 a.m. to 6 p.m., ET, and Thursday, from 9 a.m. to 6 p.m., ET.

**CONTACT YOUR BROKER**

You can contact your broker, if you use one.

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**HORIZON HEALTHCARE SERVICES, INC.****RIDER FORM (Opioid Mandate)**

<b>Policyholder</b>	<b>Group No.</b>	<b>Rider No.</b>	<b>Effective Date</b>
Jackson Township Board of Education	085555 - 0000, 0040, 0041, 0042, 0043	Opioid 51+ Rx	The later of May 16, 2017 and the Effective Date of the Contract

As of the above Effective Date, the GRP 2002 Policy is amended as follows:

- I. In the "Definitions" section found in GRP 2002 DEF 100, the definitions for "Illness" and "Substance Abuse" are hereby deleted in their entirety and replaced with the following definitions:

**Illness:** A sickness or disease suffered by a Covered Person. Illness includes Mental or Nervous Disorders and Substance Use Disorders.

- II. The term "Methadone Maintenance" is hereby deleted in its entirety from the Exclusions section found in GRP 2002 EXC 100.
- III. In the "Appeals Process" section, the "Time Frame for Initial ABDs" provision found in GRP 2002 APL 100, is hereby deleted in its entirety and replaced with the following:

**Time Frame for Initial ABDs**

A Covered Person shall be notified of Horizon BCBSNJ's initial Adverse Benefit Determination as quickly as possible based on the medical circumstances, but in no event later than:

- (a) 72 hours from receipt of an Urgent Care Claim;
- (b) 15 days from receipt of a Pre-service Claim (excluding claims made for Substance Use Disorders); or
- (c) 30 days from receipt of a Post-service Claim.
- (d) 24 hours from receipt of a Pre-service Claim relating to Substance Use Disorders.

Horizon BCBSNJ will provide written notice of the decision within two business days and will include an explanation of the applicable appeals process.

A Covered Person (or a Provider acting for the Covered Person, with the Covered Person's consent) may appeal Horizon BCBSNJ's ABD, as described below. Requests for the administrative and utilization management determinations may be made by the Covered Person or by the attending health care provider acting on behalf of the Covered Person. The attending health care providers in those instances are deemed as the Covered Person's authorized representative.

No Covered Person or Provider who files an appeal will be subject to disenrollment, discrimination or penalty by Horizon BCBSNJ.

- IV. In the "Appeals Process" section, the title for the "Appeals Process for ABD-Medical" provision is hereby deleted in its entirety and replaced with the title "Appeals Process for ABD-Medical - Excluding those related to Substance Use Disorders".
- V. In the "Appeals Process" section found in GRP 2002 APL 100, the provision "d. External Appeal" is hereby deleted in its entirety and replaced with the following:

**d. External Appeal**

A Covered Person (or a Provider acting for the Covered Person, with the Covered Person's consent) who is dissatisfied with the results of Horizon BCBSNJ's internal appeal process with respect to a ABD-Medical can pursue an external appeal with an IURO assigned by the State of New Jersey Department of Banking and Insurance (the DOBI). Except as otherwise described above under part (c), the Covered Person's right to such an appeal depends on the Covered Person's full compliance with both stages of Horizon BCBSNJ's internal appeal process.

To start an external appeal, the Covered Person or Provider must submit a written request within four months from receipt of Horizon BCBSNJ's Final Internal Adverse Benefit Determination (or within four months from the date of an occurrence described in (a), (b) or (c) under "Right to Waive Horizon BCBSNJ's Internal Appeals Process", above).

The Covered Person or Provider must use the required forms and include both: (a) a **\$25.00** check made payable to "New Jersey Department of Banking and Insurance"; and (b) an executed release to enable the IURO to obtain all medical records pertinent to the appeal, to:

**New Jersey Department of Banking and Insurance  
Consumer Protection Services  
Office of Managed Care  
P.O. Box 329  
Trenton, New Jersey 08625-0329  
(888) 393-1062**

The \$25.00 fee will be refunded to the Covered Person or Provider if the IURO reverses Horizon BCBSNJ's ABD-Medical decision.

If the Covered Person cannot afford to pay the fee, the fee will be waived if the Covered Person can show proof of financial hardship. Proof of financial hardship can be demonstrated through evidence that one or more members of the household are receiving aid or benefits under: Pharmaceutical Assistance to the Aged and Disabled; Medicaid; General Assistance; Social Security Insurance; NJ FamilyCare; or the New Jersey Unemployment Assistance Contract. Annual filing fees for any one Covered Person shall not exceed \$75.00.

Upon receipt of the request for the appeal, together with the executed release and the appropriate fee, if any, the DOBI shall immediately assign the appeal to an IURO to conduct a preliminary review and accept it for processing. But this will happen only if the IURO finds that:

- (1) the person is or was a Covered Person of Horizon BCBSNJ;
- (2) the service or supply which is the subject of the appeal reasonably appears to be a Covered Service or Supply under the Covered Person's Contract; and
- (3) the Covered Person has furnished all information needed by the IURO and the DOBI to make the preliminary determination. This includes: the appeal form; a copy of any information furnished by Horizon BCBSNJ regarding its Final Adverse Benefit Determination; and the fully executed release.

Upon completion of this review, the IURO will immediately inform the Covered Person or Provider, in writing, as to whether or not the appeal has been accepted for review. If it is not accepted, the IURO will give the reasons.

If the appeal is accepted, the IURO will notify the Covered Person and/or his/her Provider of the right to submit in writing, within five business days, any further information to be considered in the review. The IURO will provide Horizon BCBSNJ with any such information within one business day after its receipt.

The IURO will complete its review and issue its decision in writing within 45 calendar days from its receipt of the request for the review. But that time frame will be reduced to 48 hours if the appeal involves any of the following:

- (a) An Urgent Care Claim or a Medical Emergency.
- (b) An Inpatient admission.
- (c) The availability of medical care.
- (d) The continuation of an Inpatient Facility stay.
- (e) A Claim for medical services for a Covered Person who has received emergency care, but who has not been discharged from a Facility.
- (f) A medical condition for which the standard time frame would seriously jeopardize the life or health of the Covered Person or his/her ability to regain normal function.

When the IURO completes its review, it will state its findings in writing and make a determination of whether Horizon BCBSNJ's denial, reduction, or termination of benefits deprived the Covered Person of Medically Necessary and Appropriate treatment. If a decision made within 48 hours was not in writing, the IURO will provide a written confirmation within 48 hours after the verbal decision.

If the IURO determines that the denial, reduction, or termination of benefits deprived the Covered Person of Medically Necessary and Appropriate treatment, this will be conveyed to the Covered Person and/or Provider and Horizon BCBSNJ. The IURO will also describe the Medically Necessary and Appropriate services that should be received. This determination is binding upon Horizon BCBSNJ and the Covered Person, except to the extent that other remedies are available to either party under state or federal law.

If all or part of the IURO's decision is in favor of the Covered Person, Horizon BCBSNJ will provide coverage for those Covered Services and Supplies that are determined to be Medically Necessary and Appropriate. Unless there is a judicial decision stating otherwise, this will be done without delay, even if Horizon BCBSNJ intends to seek a judicial review or other remedies.

And within ten business days of its receipt of a decision in favor of the Covered Person, (or sooner, if the medical facts of the case indicate a more rapid response), Horizon BCBSNJ will send a written report to: the IURO; the Covered Person and/or Provider; and the DOBI that describes how Horizon BCBSNJ will implement the IURO's determination.

- VI. In the "Appeals Process" section found in GRP 2002 APL 100, the following provision "Appeals Process for ABD-Medical – Exclusive to Substance Use Disorders" is hereby added to the end of the section:

**Appeals Process for ABD-Medical - Exclusive to Substance Use Disorders**

A Covered Person (or a Provider acting for the Covered Person, with the Covered Person's consent) may appeal an ABD-Medical with respect to Substance Use Disorders.

The appeal process for Adverse Benefit Determinations involving medical judgment with respect to Substance Use Disorders consists of the following:

- (a) an expedited internal review by Horizon BCBSNJ (a "Substance Use Disorders Stage One Appeal"); and a
- (b) a formal expedited external review with the Independent Health Care Appeals Program at DOBI (a "Substance Use Disorders Stage 2 Appeal").

**Substance Use Disorders Stage 1 Appeal**

A Covered Person (or a Provider acting for the Covered Person, with the Covered Person's consent) can file a Substance Use Disorders Stage 1 Appeal by calling or writing Horizon BCBSNJ at the telephone number and address on the Covered Person's ID card. At the Substance Use Disorders Stage 1 Appeal, a Covered Person may discuss the ABD-Medical directly with the Horizon BCBSNJ physician who made it, or with the medical director designated by Horizon BCBSNJ.

To submit a Substance Use Disorders Stage 1 Appeal, the Covered Person must include the following information:

- (1) the name(s) and address(es) of the Covered Person(s) or Provider(s) involved;
- (2) the Covered Person's ID number;
- (3) the date(s) of service;
- (4) the details regarding the actions in question;
- (5) the nature of and reason behind the appeal;
- (6) the remedy sought; and
- (7) the documentation to support the appeal.

Horizon BCBSNJ will decide Substance Use Disorders Stage 1 Appeals within 24 hours. Horizon BCBSNJ will provide the Covered Person and/or the Provider with: (a) written notice of the outcome; (b) the reasons for the decision; and (c) if the initial ABD-Medical is upheld, instructions for filing a Substance Use Disorders Stage 2 Appeal.

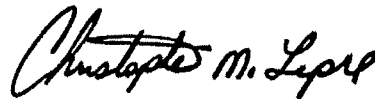
#### **Substance Use Disorders Stage 2 Appeal**

A Covered Person (or a Provider acting for the Covered Person, with the Covered Person's consent) who is dissatisfied with the results of Horizon BCBSNJ's internal appeal process with respect to a ABD-Medical can pursue a Substance Use Disorders Stage 2 Appeal, an expedited external appeal with an IURO assigned by the DOBI. The procedures for filing a Substance Use Disorders Stage 2 Appeal are the same as in those set forth above in "External Appeal".

When the IURO completes its review, it will state its findings in writing and make a determination of whether Horizon BCBSNJ's denial, reduction, or termination of benefits deprived the Covered Person of Medically Necessary and Appropriate treatment. The IURO will provide its decision within 48 hours from its receipt of the request for the review.

All other benefits and terms of the Policy not changed by this Rider remain in full force and effect. Attach this Rider to the Policy.

**HORIZON HEALTHCARE SERVICES, INC.**



By: \_\_\_\_\_  
 Christopher M. Lepre  
 Senior Vice President  
 Marketing Business Unit





**HORIZON HEALTHCARE SERVICES, INC.**

**RIDER FORM (Opioid Mandate)**

<b>Policyholder</b>	<b>Group No.</b>	<b>Rider No.</b>	<b>Effective Date</b>
Jackson Township Board of Education	085555 - 0000, 0040, 0041, 0042, 0043	Opioid 51+ Rx	The later of May 16, 2017 and the Effective Date of the Contract

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To submit a Substance Use Disorders Stage 1 Appeal, the Covered Person must include the following information:

- (1) the name(s) and address(es) of the Covered Person(s) or Provider(s) involved;
- (2) the Covered Person's ID number;
- (3) the date(s) of service;
- (4) the details regarding the actions in question;
- (5) the nature of and reason behind the appeal;
- (6) the remedy sought; and
- (7) the documentation to support the appeal.

Horizon BCBSNJ will decide Substance Use Disorders Stage 1 Appeals within 24 hours. Horizon BCBSNJ will provide the Covered Person and/or the Provider with: (a) written notice of the outcome; (b) the reasons for the decision; and (c) if the initial ABD-Medical is upheld, instructions for filing a Substance Use Disorders Stage 2 Appeal.

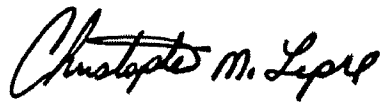
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All other benefits and terms of the Policy not changed by this Rider remain in full force and effect. Attach this Rider to the Policy.

**HORIZON HEALTHCARE SERVICES, INC.**

By:   
 Christopher M. Lepre  
 Senior Vice President  
 Marketing Business Unit





Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitííh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo bááh ílíní da. Ata' halne'é ła' bich'í' hadeesdzih nínízingo t'áá shqódí **1-800-355-BLUE (2583)** jji' nida'anishgo oolkiłíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔





Horizon Blue Cross Blue Shield of New Jersey

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

## Notice of Nondiscrimination

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 to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

### Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY/TDD 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, including:**

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

### Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability 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**

If you are not a Horizon BCBSNJ member, you may contact Horizon BCBSNJ's Civil Rights Coordinator by calling **1-866-660-6528 (TTY/TDD 711)** or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

**Office for Civil Rights Headquarters  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 or 1-800-537-7697 (TDD)**

OCR Complaint forms are available at **[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

