



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

February 24, 2023

## **SAMPLE EMPLOYER LETTER FROM HORIZON**

BROKER NAME  
GROUP NAME  
GROUP ADDRESS

Dear Group Benefits Administrator:

Enclosed is an amendment to your policy regarding a change to the definition of "Allowance". Please share this with 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,

Kristen Jarosz  
Director, Contract Administration

Enclosure



**HORIZON HEALTHCARE SERVICES, INC.  
RIDER FORM (ALLOWANCE DEFINITION)**

J31812002 000075 002003

Policyholder	Policy No.	Rider No.	Effective Date
POLICY HOLDER A	00000 - 0000 - 0000		Effective Date

As of the above Effective Date, the Policy is changed as specified below. Refer to the section of the Policy referenced below to see how these changes affect those sections.

1. The Definition of **Allowance** is amended as follows:

- a. Removed the statement “as the least of the following amounts”.
- b. Added the following statement to clarify that in certain instances we may negotiate with an Out-of-Network Provider:

“another amount accepted by the Out-of-Network Provider as full reimbursement less applicable cost-share.”

- c. In compliance with the **Federal Consolidated Appropriations Act Mandate**, added the following:

“The above methods for determining an Allowance do not apply if ERISA section 716 (addressing certain Emergency Services and certain charges from Out-of-Network Providers practicing in In-Network facilities) or ERISA section 717 (addressing air ambulance services by Out-of-Network Providers) applies. In such cases, the provider reimbursement will be the Surprise Billing Reimbursement Rate. The Surprise Billing Reimbursement Rate means the reimbursement rate required by ERISA section 716 or ERISA section 717 (whichever is applicable) for certain items and services. The Surprise Billing Reimbursement Rate applies to: (1) certain Emergency Services received from Out-of-Network Providers; (2) certain item(s) or service(s) furnished by an Out-of-Network Provider at an In-Network facility; and (3) air ambulance services by Out-of-Network Providers. Unless state law applies, the Surprise Billing Reimbursement Rate will be the negotiated rate (i.e., the agreed upon amount) or the amount determined by the independent dispute resolution process required under ERISA section 716. Where state law applies, the Allowance for covered services for inadvertent Out-of-Network Provider services and/or Out-of-Network services provided on an emergency or urgent basis (and as such terms are defined under state law) shall be determined in a manner consistent with the New Jersey Out-of-Network Consumer Protection, Transparency, Cost Containment, and Accountability Act (P.L. 2018, c. 32), as amended, or other controlling laws.”

II. The paragraphs in the Schedule of Covered Services which address Out-of-Network coverage are hereby deleted and replaced with the following:

Services and supplies provided by an Out-of-Network Provider are covered at the Out-of-Network level. However, this does not apply to services and supplies provided by an Out-of-Network Provider in a case where: (a) the Covered Person is an Inpatient in a Hospital; (b) the admitting physician was a Network Practitioner; and (c) where the Member has not provided valid consent to the use of the Out-of-Network Provider In this case, the Covered Services and Supplies provided by Out-of-Network Providers during the Inpatient stay will be covered at the In-Network level.

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 where the Member has not provided valid consent to the use of the Out-of-Network Provider, shall be limited to the [Copayment, Deductible and/or Coinsurance]<sup>2</sup> applicable to In-Network services.

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**Anything not changed by this Rider remains in full force and effect. Attach this Rider to the Booklet.**

**Horizon Healthcare Services, Inc. d/b/a**

**Horizon Blue Cross Blue Shield of New Jersey**



**Christopher M. Lepre  
Executive Vice President  
Commercial Business**

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](http://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.

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 مجانًا. 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۔

