HORIZON HEALTHCARE SERVICES, INC.

RIDER FORM (Opioid Mandate)

Policyholder	Group No.	Rider No.	Effective Date
Local 94 Ibew Health and Welfare Fund	085202 - 0020	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 Booklet 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.

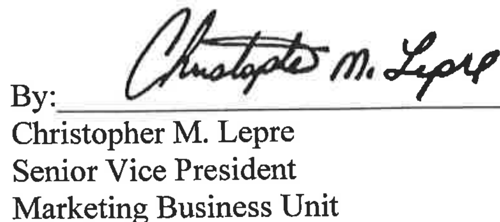
Substance Use Disorders Stage 2 Appeal

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 proedcures 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