

2020
OVERVIEW

Individual and Family
Insurance Coverage

Health insurance you can count on.

Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) has had decades of experience helping New Jersey residents get the most out of their health plans. We can help you with plans, tools and resources to better manage your health care.

- Access to New Jersey's **leading doctors, hospitals** and **health centers**
- **Online tools** and the **Horizon Blue app** that provide easy mobile access to plan benefits and 24/7 care
- Plans with **low copays** and **low deductibles**
- Plan extras, such as **fitness incentives** and **exclusive discounts**
- Convenient ways to complement your medical benefits with affordable **dental** and **vision plans**

NJ MANDATE: We offer a variety of affordable plans, so that everyone can get the coverage they need and avoid paying a penalty. This is especially important considering the state law that requires residents of New Jersey to have health insurance or pay a penalty.

- Last year about 8 out of 10 NJ residents received a tax credit to pay for their health plan.*

To learn more, visit HorizonBlue.com/njmandate.



We have plans that keep your costs low.

Call 1-888-425-5611
Visit HorizonBlue.com

*Based on information provided by nj.gov/governor/getcoverednj/faqs.

OMNIA_{SM} Health Plans

Our best coverage. For your best you.

OMNIA Health Plans are making health care easier by combining some of our best benefits with New Jersey's largest network of doctors and hospitals.

- More than 36,000 OMNIA Tier 1 doctors
- Low copays and deductibles with OMNIA Tier 1 doctors and hospitals*
- Choose from more than 49,500 doctors and specialists and 82 hospitals in 100 convenient locations**
- Includes providers in parts of Pennsylvania and Delaware



Great service from dedicated associates who are experts in OMNIA Health Plans.

Call 1-888-425-5611

Visit HorizonBlue.com

*No referrals needed

**Based on physician data as of 9/9/19 and is subject to change.

OMNIA_{SM} Health Plan members also get:

Money back on gym memberships.

Get reimbursed up to \$240 per year at participating fitness facilities with HorizonbFitSM. [Learn more](#)

Exclusive discounts with Blue365[®].

OMNIA Health Plan members save on popular brands of fitness trackers, nutrition programs, baby gear and more. [Learn more](#)

WebMD[®]-powered health assessment tool.

Get a quick picture of your current health status and connect with free resources that match your needs. [Learn more](#)

Specialized medical care programs.

Horizon BCBSNJ can provide specific expertise on asthma, heart or kidney disease, COPD, diabetes and pregnancy. [Learn more](#)

Streamlined access online or with the Horizon Blue app.

Pay your premium, view your digital ID card, get claims and benefits information and more. [Learn more](#)

Confidential behavioral health services.

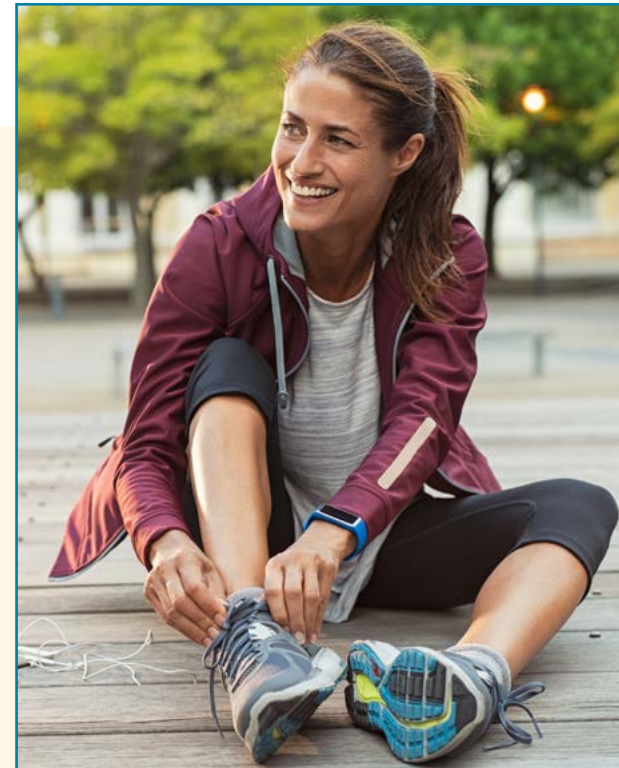
OMNIA Health Plans give you and your loved ones support for relationship issues, depression, alcoholism and addictions. [Learn more](#)

Professional life and health advisors.

When needed, OMNIA Health Plans deliver help with financial and legal advice, child or elder care referrals and more. [Learn more](#)

Comprehensive recovery support.

OMNIA Health Plan members get help with physical and emotional recovery from a significant illness or health issue. [Learn more](#)



Our OMNIA Health Plans put you in control.

Call 1-888-425-5611

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

Horizon OMNIA_{SM} Health Plans

2020 BENEFITS		OMNIA Bronze		OMNIA Silver Value		OMNIA Silver HSA	
		Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
GENERAL PROVISIONS	Primary Care Physician (PCP) Required	No	No	No	No	No	No
	Out-of-State Coverage	n/a	n/a	n/a	n/a	n/a	n/a
	Individual Deductible*	\$3,000	\$3,000	\$2,250	\$2,500	\$1,800*	\$2,500*
	Family Deductible	\$4,000	\$6,000	\$4,500	\$5,000	\$3,600	\$5,000
	Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Individual Maximum Out-of-Pocket	\$8,150	\$8,150	\$8,150	\$8,150	\$6,350	\$6,550
	Family Maximum Out-of-Pocket	\$16,300	\$16,300	\$16,300	\$16,300	\$12,700	\$13,100
HEALTH CARE SERVICES	PCP Office Visits & Consultations	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then 50% coinsurance	Deductible then \$15 copayment	Deductible then \$30 copayment
	Specialist Visits & Consultations	Deductible then \$75 copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then \$50 copayment
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	Deductible	Deductible
	Lab Office Visit	No charge	No charge	No charge	No charge	Deductible	Deductible
	Radiology Office Visit	Deductible then \$50 PCP copayment or deductible then \$75 specialist copayment	Deductible then 50% coinsurance	Deductible then \$30 PCP copayment or deductible then 40% specialist coinsurance	Deductible then 50% coinsurance	Deductible then \$15 PCP copayment or deductible then \$30 specialist copayment	Deductible then \$30 PCP copayment or deductible then \$50 specialist copayment
	Lab/Radiology Outpatient	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then \$15 copayment	Deductible then 50% coinsurance
PHARMACY SERVICES	Generic Drugs	\$25 copayment (retail) \$50 copayment (mail order)	\$25 copayment (retail) \$50 copayment (mail order)	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Preferred Brand Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Non-Preferred Brand Drugs & Specialty Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
	Both Ambulatory Surgical Hospital & Physician/Surgeon	Deductible then 50% coinsurance	n/a	Deductible then 40% coinsurance	n/a	Deductible then 30% coinsurance	n/a
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 40% coinsurance	\$100 copayment & deductible then 40% coinsurance	Deductible then \$100 copayment & 30% coinsurance	Deductible then \$100 copayment & 30% coinsurance
	ER Professional	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
	Medical Transportation	Deductible then no charge	n/a	Deductible then 40% coinsurance	n/a	Deductible then 30% coinsurance	n/a
	Urgent Care Center	Deductible then \$75 copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then \$60 copayment	Deductible then \$75 copayment
HOSPITAL SERVICES	Outpatient Hospital & Physician	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
	Inpatient Hospital	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
	Physician/Surgeon	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
BEHAVIORAL HEALTH/ SUBSTANCE USE DISORDER	Office	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then \$15 copayment	Deductible then \$30 copayment
	Outpatient	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
	Inpatient	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
MATERNITY SERVICES	Delivery & All Inpatient Services	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
OTHER SERVICES	In-Home Health Care	Deductible then \$50 copayment	n/a	Deductible then \$30 copayment	n/a	Deductible then \$15 copayment	n/a
	Rehabilitation, Hospice & Skilled Nursing Care** – Inpatient	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
	Durable Medical Equipment	No charge	n/a	No charge	n/a	Deductible then no charge	n/a
	Chiropractic Care – 30 Visits Per Year Maximum	Deductible then \$30 copayment	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then 50% coinsurance	Deductible then \$15 copayment	Deductible then \$30 copayment

*Members receiving cost-sharing reduction subsidies may not be eligible for an HSA under this plan as some variations of this plan do not meet the IRS requirements of a High-Deductible Health Plan.

**For 2020 all Hospice & Skilled Nursing providers are Tier 1 (except BlueCard providers).

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Horizon OMNIA_{SM} Health Plans *continued*

2020 BENEFITS		OMNIA Silver		OMNIA Gold		Advantage Essentials	Advantage Bronze	Advantage Silver
		Tier 1	Tier 2	Tier 1	Tier 2			
GENERAL PROVISIONS	Primary Care Physician (PCP) Required	No	No	No	No	No; higher copayment	No; higher copayment	No; higher copayment
	Out-of-State Coverage	n/a	n/a	At Tier 2	Yes	n/a	n/a	n/a
	Individual Deductible*	\$1,550	\$2,500	\$1,000	\$2,500	\$8,150	\$3,000	\$2,500
	Family Deductible	\$3,100	\$5,000	\$2,000	\$5,000	\$16,300	\$6,000	\$5,000
	Individual Drug Deductible	\$250	\$250	n/a	n/a	n/a	n/a	n/a
	Family Drug Deductible	\$500	\$500	n/a	n/a	n/a	n/a	n/a
	Individual Maximum Out-of-Pocket	\$8,000	\$8,150	\$4,500	\$6,350	\$8,150	\$7,900	\$8,000
	Family Maximum Out-of-Pocket	\$16,000	\$16,300	\$9,000	\$12,700	\$16,300	\$15,800	\$16,000
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$30 copayment	Deductible then 50% coinsurance	\$10 copayment	Deductible then \$30 copayment	\$0 copayment for three visits then deductible	Deductible then \$30 copayment	\$30 copayment
	Specialist Visits & Consultations	\$50 copayment	Deductible then 50% coinsurance	\$25 copayment	Deductible then \$50 copayment	Deductible then no charge	Deductible then 50% coinsurance	\$50 copayment
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	No charge	No charge	No charge
	Lab Office Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
	Radiology Office Visit	\$30 PCP copayment or \$50 specialist copayment	Deductible then 50% coinsurance	\$10 PCP copayment or \$25 specialist copayment	Deductible then \$30 PCP copayment or deductible then \$50 specialist copayment	No charge	No charge	No charge
	Lab/Radiology Outpatient	Deductible then \$75 copayment	Deductible then 50% coinsurance	\$20 copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
PHARMACY SERVICES	Generic Drugs	\$15 copayment (retail) \$30 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)	Deductible then no charge	\$25 copayment (retail) \$50 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)
	Preferred Brand Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	40% coinsurance	40% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	50% coinsurance
	Non-Preferred Brand Drugs & Specialty Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	50% coinsurance	50% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	50% coinsurance
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then \$250 copayment	Deductible then 50% coinsurance	Deductible then \$250 copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Both Ambulatory Surgical Hospital & Physician/Surgeon	Deductible then \$250 copayment	n/a	Deductible then \$250 copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copayment & deductible	\$100 copayment & deductible	\$100 copayment & deductible	\$100 copayment & deductible	Deductible then no charge	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 50% coinsurance
	ER Professional	Deductible	Deductible	Deductible	Deductible	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Medical Transportation	Deductible then no charge	n/a	Deductible then no charge	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Urgent Care Center	\$75 copayment	Deductible then 50% coinsurance	\$50 copayment	Deductible then \$75 copayment	Deductible then no charge	Deductible then 50% coinsurance	\$75 copayment
HOSPITAL SERVICES	Outpatient Hospital & Physician	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient Hospital	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Physician/Surgeon	Deductible	Deductible then 50% coinsurance	Deductible	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
BEHAVIORAL HEALTH/ SUBSTANCE USE DISORDER	Office	\$30 copayment	Deductible then 50% coinsurance	\$10 copayment	Deductible then \$30 copayment	Deductible then no charge	Deductible then 50% coinsurance	\$30 copayment
	Outpatient	Deductible then \$30 copayment	Deductible then 50% coinsurance	\$10 copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
MATERNITY SERVICES	Delivery & All Inpatient Services	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
OTHER SERVICES	In-Home Health Care	\$30 copayment	n/a	\$10 copayment	Deductible then \$30 copayment	Deductible then no charge	Deductible then \$30 copayment	\$30 copayment
	Rehabilitation, Hospice & Skilled Nursing Care** – Inpatient	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Durable Medical Equipment	No charge	n/a	No charge	n/a	Deductible then no charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Chiropractic Care – 30 Visits Per Year Maximum	\$30 copayment	Deductible then 50% coinsurance	\$10 copayment	Deductible then \$30 copayment	Deductible then no charge	Deductible then \$30 copayment	\$30 copayment

*Members receiving cost-sharing reduction subsidies may not be eligible for an HSA under this plan as some variations of this plan do not meet the IRS requirements of a High-Deductible Health Plan.
**For 2020 all Hospice & Skilled Nursing providers are Tier 1 (except BlueCard providers).

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Horizon Advantage EPO Health Plans



2020 Monthly Premium Rates

OMNIA _{SM} Health Plans					Horizon Advantage EPO Health Plans			
Age	Bronze	Silver Value	Silver HSA	Silver	Gold	Essentials	Bronze	Silver
0-14	\$218.96	\$237.95	\$264.57	\$281.50	\$421.62	\$188.91	\$277.63	\$342.95
15	\$238.42	\$259.10	\$288.08	\$306.52	\$459.10	\$205.70	\$302.31	\$373.43
16	\$245.86	\$267.19	\$297.08	\$316.09	\$473.43	\$212.12	\$311.75	\$385.09
17	\$253.30	\$275.28	\$306.07	\$325.65	\$487.76	\$218.54	\$321.18	\$396.74
18	\$261.32	\$283.99	\$315.75	\$335.96	\$503.19	\$225.45	\$331.35	\$409.29
19	\$269.33	\$292.70	\$325.44	\$346.26	\$518.62	\$232.37	\$341.51	\$421.85
20	\$277.63	\$301.72	\$335.46	\$356.93	\$534.60	\$239.53	\$352.03	\$434.85
21-24	\$286.22	\$311.05	\$345.84	\$367.97	\$551.14	\$246.94	\$362.92	\$448.29
25	\$287.36	\$312.29	\$347.22	\$369.44	\$553.34	\$247.93	\$364.37	\$450.09
26	\$293.09	\$318.51	\$354.14	\$376.80	\$564.36	\$252.86	\$371.63	\$459.05
27	\$299.96	\$325.98	\$362.44	\$385.63	\$577.59	\$258.79	\$380.34	\$469.81
28	\$311.12	\$338.11	\$375.93	\$399.98	\$599.09	\$268.42	\$394.49	\$487.30
29	\$320.28	\$348.06	\$386.99	\$411.76	\$616.72	\$276.32	\$406.11	\$501.64
30	\$324.86	\$353.04	\$392.53	\$417.65	\$625.54	\$280.27	\$411.91	\$508.81
31	\$331.73	\$360.51	\$400.83	\$426.48	\$638.77	\$286.20	\$420.62	\$519.57
32	\$338.60	\$367.97	\$409.13	\$435.31	\$651.99	\$292.13	\$429.34	\$530.33
33	\$342.89	\$372.64	\$414.32	\$440.83	\$660.26	\$295.83	\$434.78	\$537.06
34	\$347.47	\$377.61	\$419.85	\$446.72	\$669.08	\$299.78	\$440.59	\$544.23
35	\$349.76	\$380.10	\$422.62	\$449.66	\$673.49	\$301.76	\$443.49	\$547.82
36	\$352.05	\$382.59	\$425.38	\$452.60	\$677.90	\$303.73	\$446.39	\$551.40
37	\$354.34	\$385.08	\$428.15	\$455.55	\$682.31	\$305.71	\$449.30	\$554.99
38	\$356.63	\$387.57	\$430.92	\$458.49	\$686.72	\$307.68	\$452.20	\$558.58
39	\$361.21	\$392.54	\$436.45	\$464.38	\$695.53	\$311.64	\$458.01	\$565.75
40	\$365.79	\$397.52	\$441.98	\$470.27	\$704.35	\$315.59	\$463.81	\$572.92
41	\$372.66	\$404.99	\$450.28	\$479.10	\$717.58	\$321.51	\$472.52	\$583.68
42	\$379.24	\$412.14	\$458.24	\$487.56	\$730.26	\$327.19	\$480.87	\$593.99
43	\$388.40	\$422.09	\$469.30	\$499.34	\$747.89	\$335.09	\$492.48	\$608.34
44	\$399.85	\$434.53	\$483.14	\$514.05	\$769.94	\$344.97	\$507.00	\$626.27

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2020 Monthly Premium Rates

OMNIA _{SM} Health Plans					Horizon Advantage EPO Health Plans			
Age	Bronze	Silver Value	Silver HSA	Silver	Gold	Essentials	Bronze	Silver
45	\$413.30	\$449.15	\$499.39	\$531.35	\$795.84	\$356.58	\$524.06	\$647.34
46	\$429.33	\$466.57	\$518.76	\$551.96	\$826.71	\$370.41	\$544.38	\$672.44
47	\$447.36	\$486.17	\$540.55	\$575.14	\$861.43	\$385.96	\$567.24	\$700.68
48	\$467.97	\$508.56	\$565.45	\$601.63	\$901.11	\$403.74	\$593.38	\$732.96
49	\$488.29	\$530.65	\$590.00	\$627.76	\$940.24	\$421.28	\$619.14	\$764.79
50	\$511.18	\$555.53	\$617.67	\$657.20	\$984.33	\$441.03	\$648.18	\$800.65
51	\$533.80	\$580.11	\$644.99	\$686.27	\$1027.87	\$460.54	\$676.85	\$836.07
52	\$558.70	\$607.17	\$675.08	\$718.28	\$1075.82	\$482.02	\$708.42	\$875.07
53	\$583.88	\$634.54	\$705.51	\$750.66	\$1,124.32	\$503.75	\$740.36	\$914.52
54	\$611.07	\$664.09	\$738.37	\$785.62	\$1,176.68	\$527.21	\$774.84	\$957.11
55	\$638.27	\$693.64	\$771.22	\$820.57	\$1,229.04	\$550.67	\$809.31	\$999.70
56	\$667.75	\$725.68	\$806.84	\$858.48	\$1,285.80	\$576.11	\$846.69	\$1,045.87
57	\$697.51	\$758.03	\$842.81	\$896.74	\$1,343.12	\$601.79	\$884.44	\$1,092.49
58	\$729.28	\$792.55	\$881.20	\$937.59	\$1,404.30	\$629.20	\$924.72	\$1,142.26
59	\$745.02	\$809.66	\$900.22	\$957.83	\$1,434.61	\$642.78	\$944.68	\$1,166.91
60	\$776.79	\$844.19	\$938.61	\$998.67	\$1,495.79	\$670.19	\$984.97	\$1,216.67
61	\$804.27	\$874.05	\$971.81	\$1034.00	\$1,548.69	\$693.90	\$1019.81	\$1,259.71
62	\$822.30	\$893.64	\$993.60	\$1057.18	\$1,583.42	\$709.45	\$1042.67	\$1,287.95
63	\$844.91	\$918.22	\$1020.92	\$1,086.25	\$1,626.96	\$728.96	\$1,071.34	\$1,323.37
64 and over	\$858.65	\$933.15	\$1037.52	\$1,103.91	\$1,653.41	\$740.81	\$1,088.76	\$1,344.87



When choosing a plan, start by thinking about your health care habits and priorities.

Do you typically use medical care extensively, perhaps for a chronic condition?

YES

Consider Gold or Silver plans with higher premiums but lower deductibles and out-of-pocket costs.

NO

Consider Silver or Bronze plans with lower premiums but higher deductibles and out-of-pocket costs or an Essentials Plan (for those under age 30).

Would you be willing to choose from select doctors and hospitals to pay a lower deductible?

YES

Consider OMNIA Gold and Silver Plans. You'll save more and have lower out-of-pocket costs when using OMNIA Tier 1 doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder, available at HorizonBlue.com/DoctorFinder.

NO

Consider Advantage EPO Plans.

Are you under age 30 and generally healthy?

YES

Consider the Advantage EPO Essentials Plan.

NO

Consider Gold or Silver plans with higher premiums but lower deductibles and out-of-pocket costs.



We're ready to help you compare plans. Simply contact us at **1-888-425-5611**.

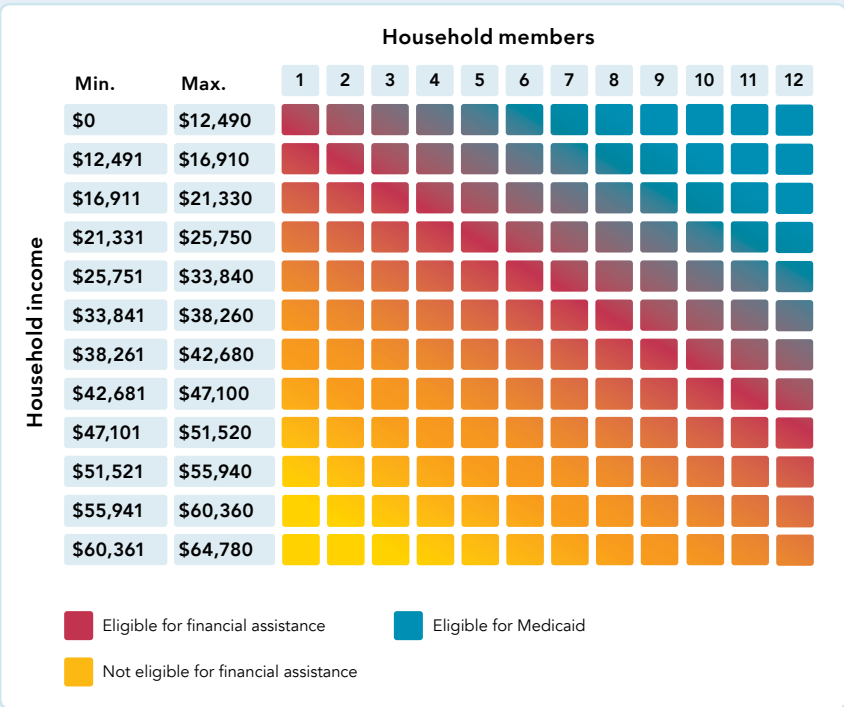
Learn more about plan premiums and qualifying for assistance.

See if you qualify for financial assistance.

- 1 Find the number of people in your household (including you) in the top row.
- 2 Move down that column until it meets the row with the dollar range closest to your household income.
- 3 Use the color key at the bottom to find out if you are eligible for assistance. This can give you a good idea of whether you should contact us for more information.
- 4 If you don't qualify for Medicaid and feel you may be eligible for assistance, reach out to an associate.

Call us at 1-888-425-5611.

Or visit HorizonBlue.com/calculator to find out how much you could save.



This chart reflects the 2020 Federal Poverty Level. Levels in New Jersey may differ from Federal qualification levels.

Sanitas Medical Centers

Sanitas Medical Centers are part of your community offering convenient, multicultural personalized care.*

**More time for
your health.**

Sanitas doctors spend more time getting to know you, earning your trust and taking the time needed to tailor and explain your treatment plan.

**Sanitas fits your
lifestyle so you
stay healthy.**

- Same-week appointments with your doctor
- Urgent care walk-ins when you need immediate care
- Same-day onsite labs, X-rays and other tests
- Extended hours, including weekends
- Care for the entire family—including pediatrics



It's your one-stop medical
center with a personal touch.

For more information, visit mysanitas.com/nj.

*Other providers are available in our network.



Horizon Dental Plans

We have affordable dental plans for you and your family.

Adding a dental plan to your medical coverage makes great sense, because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you. With these plans, you have access to cleanings and oral exams, X-rays and savings for services such as crowns, fillings, root canals and more.

Covering a child under the age of 19?

Horizon Young Grins

The Horizon Young Grins Plan emphasizes prevention and early intervention through routine oral screenings, evaluations and cosmetic orthodontia, all to help keep those young grins healthy and looking their best.

Horizon BCBSNJ also offers these individual and family dental options:

Horizon Family Grins and Horizon Family Grins Plus

The Horizon Family Grins Plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network coverage for members over the age of 19. Each plan offers coverage for cosmetic orthodontia as well.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans offer comprehensive coverage. No out-of-network benefits are included. Healthy Smiles Plus provides access to the most expansive Horizon dental network available.

Horizon Individual

Horizon Individual Plan provides 100% coverage for preventive, diagnostic and most basic services with no deductible, copayments or maximums. Coverage for major services is available at a specified coinsurance amount. Your selected primary care dentist will coordinate all your dental care, including referrals to specialists if necessary.

Horizon Centurion

Horizon Centurion Plan provides on average a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting.

Dental Plan Guide

2020 PLAN DETAILS	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
Coverage for	Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN¹	Age 19 and Over OON²
ACA Compliant	Yes	Yes		Yes		
Benefit Waiting Periods Apply	No	No		No		
Participating Office Locations	9,000 in NJ / 280,000 nationwide	9,000 in NJ / 280,000 nationwide	6,500 in NJ / 230,000 nationwide	9,000 in NJ / 280,000 nationwide	6,500 in NJ / 230,000 nationwide	n/a
Annual Maximum	None	None		None	\$1,000	
Deductible	\$25/\$100/\$200³	\$25/\$100/\$200³	None	\$25/\$100/\$200³	\$50/\$150	
BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR & MEDICALLY NECESSARY ORTHODONTIA)						
Individual	\$350	\$350	n/a	\$350	n/a	n/a
Family	\$700	\$700	n/a	\$700	n/a	n/a
PREVENTIVE/DIAGNOSTIC (CLASS I)						
Prophylaxis – Cleaning	3 times/year 100% after deductible	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100%
Sealant	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Fluoride	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Oral Exam	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
X-Rays	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
BASIC (CLASS II) AND MAJOR (CLASS III)						
Restorative						
Amalgam Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Composite Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Endodontics						
Root Canals	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Periodontics						
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Prosthodontics						
Bridges	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Orthodontics						
Orthodontic Medical Necessity	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered
Cosmetic Orthodontia	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$2,000	\$2,000	Not covered	\$2,000	Not covered	Not covered

1. In-network. 2. Out-of-network. 3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.



Dental Plan Guide

2020 PLAN DETAILS	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
ACA Compliant	No		No		No	No
Benefit Waiting Periods Apply	Yes¹		Yes¹		No	No
Participating Office Locations	6,500 in NJ / 230,000 nationwide		9,000 in NJ / 280,000 nationwide		6,500 in NJ	1,100 in NJ
Annual Maximum	\$1,000		\$1,000		None	None
Deductible	\$50/\$150		\$50/\$150			
PREVENTIVE/DIAGNOSTIC (CLASS I)	Option 1	Option 2	Option 1	Option 2		
Prophylaxis – Cleaning	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months Discount	1 every 6 months 100%
Sealant	100%	80%	100%	80%		100%
Fluoride	100%	80%	100%	80%	Discount	100%
Oral Exam	100%	80%	100%	80%	Discount	100%
X-Rays	100%	80%	100%	80%	Discount	100%
BASIC (CLASS II) AND MAJOR (CLASS III)						
Restorative						
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount	100%
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible		100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Discount	30%/40%/50%²
Endodontics						
Root Canals	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Periodontal Maintenance	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Prosthodontics						
Bridges	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Dentures	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount	30%/40%/50%²
Orthodontics						
Orthodontic Medical Necessity	Not covered		Not covered		Not covered	Not covered
Cosmetic Orthodontia	Covered at 50% for those under age 19		Covered at 50% for those under age 19		Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		Not covered	Not covered

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.
2. For the first three years. The percentage the plan pays goes up each year you stay with the same primary care dentist.



Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$26.36	0-14	\$26.36
15	\$27.67	15	\$27.67
16	\$27.96	16	\$27.96
17	\$27.04	17	\$27.04
18	\$24.88	18	\$24.88
19-22	\$31.26	19+	\$9.42
23-24	\$28.34	Horizon Young Grins	
25-29	\$35.31		
30-34	\$37.08		
35-39	\$37.83		
40-44	\$39.73		
45-49	\$42.52		
50-54	\$48.25		
55-59	\$52.09	Age	Rate
60-63	\$57.49	0-14	\$26.36
64+	\$59.17	15	\$27.67
		16	\$27.96
		17	\$27.04
		18	\$24.88

For Horizon Family Grins Plus, Horizon Family Grins and Horizon Young Grins, you pay for the three oldest children and the remaining children are free.

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$20.76	\$16.59	\$17.03	\$14.02
23-24	\$20.12	\$16.07	\$16.50	\$13.58
25-29	\$22.86	\$18.26	\$18.74	\$15.42
30-34	\$23.20	\$18.52	\$19.01	\$15.65
35-39	\$24.24	\$19.36	\$19.87	\$16.36
40-44	\$26.34	\$21.06	\$21.61	\$17.79
45-49	\$29.19	\$23.32	\$23.94	\$19.69
50-54	\$31.49	\$25.16	\$25.82	\$21.26
55-59	\$32.78	\$26.19	\$26.88	\$22.12
60-64	\$34.24	\$27.35	\$28.08	\$23.10
65+	\$33.84	\$27.04	\$27.75	\$22.85

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$25.17	\$19.76	\$20.27	\$16.70
23-24	\$24.39	\$19.14	\$19.65	\$16.16
25-29	\$27.70	\$21.73	\$22.31	\$18.35
30-34	\$28.10	\$22.05	\$22.64	\$18.63
35-39	\$29.35	\$23.04	\$23.66	\$19.47
40-44	\$31.94	\$25.08	\$25.72	\$21.19
45-49	\$35.37	\$27.78	\$28.50	\$23.45
50-54	\$38.18	\$29.95	\$30.76	\$25.31
55-59	\$39.74	\$31.19	\$32.00	\$26.34
60-64	\$41.49	\$32.57	\$33.42	\$27.51
65+	\$41.02	\$32.20	\$33.02	\$27.19

Horizon Centurion		Horizon Individual	
1 Individual	\$60 per year	Adult Rate	\$180 per year
1 Family	\$84 per year	Child Rate	\$68.40 per year

*Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies. Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

It's easy to enroll:

Call 1-888-425-5611

Visit HorizonBlue.com

Or visit one of our [Horizon ConnectSM locations](#)



Horizon Vision Plans

We can help you pay less for vision care nationwide.

Adding a Horizon Vision Plan can protect your health and dollars. Regular eye exams can help detect potential health issues such as hypertension and diabetes. We can help you save on vision exams, services and more.

About our Vision Plans

Vision Benefits

Benefits include an annual eye exam with dilation, coverage for eyeglasses and contact lenses, a higher frame allowance when purchased through Visionworks®, a one-year breakage warranty and mail-order contact lenses.

Locations

Horizon Vision plans are administered through Davis Vision, with over 93,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting HorizonBlue.com/DoctorFinder and clicking “Horizon Vision” in the Quick Links box.

Horizon BCBSNJ offers these Vision Plans:

Horizon Vista Plan V: \$

- Annual eye exam for \$10
- \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$100 allowance for contact lenses
- Significant savings on progressives, high index lenses and more

Horizon Panorama Plan V: \$\$

- Annual eye exam for \$10
- \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$130 allowance for contact lenses
- Significant savings on progressives, high index lenses and more

Vision Plan Guide & Rates

Covered Services		Horizon Vista V	Horizon Panorama V	
		Horizon/Davis Vision View Network		
In-Network Benefits				
Eye examination inclusive of dilation (when professionally indicated)		Once every 12 months		
Spectacle lenses/frames		12 months/12 months		
Copayments				
Eye examination/spectacle lenses		\$10/\$10		
Eyeglass Benefit – Frame				
Non-collection frame allowance (retail)		Up to \$100 or \$150 ¹	Up to \$130 or \$180 ¹	
		Plus 20% discount on any overage ²		
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion/Designer/Premier		Included/\$15/\$40	Included/Included/\$25	
Eyeglass Benefit – Spectacle Lenses				
Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Included		
Tinting of plastic lenses/scratch-resistant coating		\$15/Included	Included/Included	
Polycarbonate lenses (children ⁴ /adult)		\$0/\$35	\$0/\$30	
Ultraviolet coating		\$15	\$12	
Anti-reflective (AR) coating (standard/premium/ultra)		\$40/\$55/\$69	\$35/\$48/\$60	
Progressive lenses (standard/premium/ultra)		\$65/\$105/\$140	\$50/\$90/\$140	
High-index lenses/plastic photochromic lenses/polarized lenses		\$60/\$70/\$75	\$55/\$65/\$75	
Scratch Protection Plan: single vision/multifocal lenses		\$20/\$40		
Contact Lens Benefit (In Lieu of Eyeglasses)				
Non-collection contact lenses: materials allowance		Up to \$100	Up to \$130	
		Plus 15% discount on any overage ²		
Evaluation, fitting and follow-up care – standard and specialty lens types		15% discount ²		
Collection Contact Lenses ³ (in lieu of allowance): disposable/planned replacement		n/a	Up to 4 boxes/multipacks/ Up to 2 boxes/multipacks	
Evaluation fitting and follow-up care		n/a	Included	
Visually required contact lenses (with prior approval): materials, evaluation, fitting and follow-up care		Included		
Out-of-Network Reimbursement Schedule – Up to:				
Eye examination: \$40		Single vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: Vista: \$80/Panorama: \$105
Frame: \$50		Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Visually required contact lenses: \$225
One-year Eyeglass Breakage Warranty Included				

1. Members receive an additional \$50 allowance at Visionworks retail locations.
2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
3. Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.
4. Polycarbonate lenses are covered in full for children up to the age of 19, monocular patients and patients with prescriptions +/- 6.00 diopter or greater.

Seven-day benefit waiting period on both vision plans.

This document is for informational purposes only and does not constitute a binding agreement.
Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

Vista V		Panorama V	
Monthly Premium		Monthly Premium	
Single	\$12.52	Single	\$13.78
Two Adults	\$25.04	Two Adults	\$27.56
Adult/Child(ren)	\$26.29	Adult/Child(ren)	\$28.94
Family	\$36.68	Family	\$40.38

It's easy to enroll:

Call 1-888-425-5611
Visit [HorizonBlue.com](https://horizonblue.com)

Or visit one of our
Horizon ConnectSM locations

Additional Coverage

Expand your coverage and consolidate expenses with these additional options.



Personal Accident Insurance*

LifeSecure Insurance Company's Personal Accident Insurance provides benefits to help with medical costs if you suffer an accidental injury. By pairing it with your Horizon BCBSNJ medical plan, you can protect your hard-earned wages and savings so you can focus on healing instead of worrying about unexpected financial setbacks resulting from an injury.

Call a Horizon BCBSNJ Representative at [1-888-765-7143](tel:1-888-765-7143) to learn more.



International Medical Coverage**

With international medical coverage, Horizon BCBSNJ can give you peace of mind about getting care if you need it while outside the United States. Through our partnership with GeoBlue, a leader and innovator in international health coverage, you have access to doctors and hospitals around the world with plans designed for a single trip, frequent traveling or long term/Expat.

Learn more at GeoBlueTravelInsurance.com/horizontravel.



Pet Insurance***

Horizon BCBSNJ members have access to discounted pet insurance plans from ASPCA, an advocate for animal welfare and a leader in the pet insurance industry. Members receive a 10% discount on coverage so they can give their pets the best care possible without worrying about overwhelming medical bills.*

Learn more at ASPCAPetInsurance.com/HorizonBCBSNJ.

Enrolling is easy:

- Online at HorizonBlue.com – your fastest, most convenient option
 - By phone at 1-888-425-5611, with enrollment specialists ready to help
 - In person – visit one of our Horizon ConnectSM locations below
- Check HorizonBlue.com/connect to find an enrollment event near you.

Horizon ConnectSM locations:

Jersey City

353 Central Avenue
Jersey City, NJ 07307
1-844-926-0423
Se Habla Español

Moorestown

1680 Nixon Drive East Gate Square
Moorestown, NJ 08057
1-855-702-6663

Newark

3 Penn Plaza East
Newark, NJ 07105
1-888-765-7656
By Appointment Only

Perth Amboy

197 Smith Street
Perth Amboy, NJ 08861
1-844-926-0423
Se Habla Español

The Outlets at Bergen Town Center

1 Bergen Town Center, located near
Whole Foods
Paramus, NJ 07652
973-986-9626

Union City

3196 Kennedy Boulevard
Union City, NJ 07087
1-855-702-6663
Se Habla Español

Wayne at the Willowbrook Mall

1400 Willowbrook Mall
Wayne, NJ 07470
1-888-765-7656

Woodbridge Mall

250 Woodbridge Center Drive
Woodbridge, NJ 07095
1-888-765-7656



Our enrollment specialists
are always ready to answer
your questions.

Call 1-888-425-5611

Visit HorizonBlue.com/connect

Connect to care, benefits and support anytime.

With the **Horizon Blue app**, you can:

- Get help with appointment scheduling
- Get quick claim status updates
- Video chat with doctors
- View and print member ID Cards
- Locate in-network doctors

Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at **1-888-777-5075** weekdays from 7 a.m. to 6 p.m. Eastern Time.



Text **GetApp** to **422-272** for your free Horizon Blue download.*



*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.

Glossary

Terms to Know

Premium

What you pay each month for health insurance coverage.

Copay

The fixed amount you must pay after you've paid the deductible for each medical visit to a participating doctor or other health care provider, usually at the time of service.

Coinsurance

The percentage of a covered charge that you must pay.

Deductible

The amount you must pay each year for covered charges before benefits are paid by your plan.

Out-of-Pocket Maximum (MOOP)

The most you must pay for covered health care services during a plan year.

Prior Authorization

Advance approval for getting covered health care services.

Emergency Room Admissions

All inpatient admissions through the emergency room (ER), Direct Admissions or other admissions not pre-certified require an authorization. Generally, Utilization Management (UM) will complete a retroactive review of the admission once notified by the facility. All facilities, participating and nonparticipating, including BlueCard providers, are required to notify Horizon BCBSNJ within 48 hours of the admission.

Understanding Family Costs

True Family Aggregate Deductible

It is possible that one or more members can exceed their individual deductible because the family deductible must be met first. The family deductible can be met by one member on the policy or a combination of members. The OMNIA Silver HSA and Bronze HSA Plans have this type of deductible.

Aggregate Deductible

Each family member only needs to meet the individual deductible, and the family deductible amount can be met by any combination of family members, with no single person meeting more than the individual deductible amount. OMNIA Gold and Silver Plans have this type of deductible.

Family Out-of-Pocket Maximum (MOOP) Amounts

Per federal regulation, no one person can exceed the individual MOOP amount. This means that once one family member meets the individual MOOP amount, that family member will pay no more covered charges.

For a family of two, each individual will have to meet the individual MOOP amounts on his/her own. For a family of more than two, any combination of family members can help meet the family MOOP, with no individual exceeding the individual MOOP amount. If the family MOOP is met before any family member reaches his/her individual MOOP, no one will be billed for any covered charges.

Summary of Benefits & Coverage

Learn what our plans cover and what you pay for covered services.

Coverage Period: 1/1/20 - 12/31/20

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows how you and the plan would share the cost for covered health care services.

Download your summary of benefits and coverage document at HorizonBlue.com/individual-sbc



That’s health insurance you can count on. That’s how **Blue** works for you.

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There is no charge to download the Horizon Blue app but rates from your wireless provider may apply.

Horizon Blue Cross Blue Shield of New Jersey is a Qualified Health Plan issuer in the Health Insurance Marketplace.

The information provided by this document is not intended to replace or modify the terms, conditions, limitations, and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Davis Vision Inc. supports Horizon Blue Cross Blue Shield of New Jersey in the administration of vision benefits. Davis Vision Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross Blue Shield Association. Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, both of which are independent licensees of the Blue Cross Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

WebMD® is an independent company that supports Horizon BCBSNJ by connecting individuals to health care information. WebMD® is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association. WebMD® is a registered mark of WebMD, Inc.

Sanitas Medical Centers are independently owned and operated by Sanitas of New Jersey LLC. Sanitas is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey. Sanitas Medical Centers serve people insured by Horizon Blue Cross Blue Shield of New Jersey. Original Medicare and those self-paying for medical treatment.

*LifeSecure is an independent company that operates separately from Horizon BCBSNJ. Life Secure does not sell or service Horizon BCBSNJ products and is solely responsible for the personal accident products referenced herein.

**GeoBlue® is a trademark of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

***Pet Insurance is not a Horizon Blue Cross Blue Shield of New Jersey product. Horizon BCBSNJ members enjoy a discount. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. Pre-existing conditions are not covered. Coverage for prescription food does not include prevention or general health maintenance (including weight loss). Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [aspcapetinsurance.com/terms](https://www.aspcapetinsurance.com/terms). Customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates and discounts may vary and are subject to change.

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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.

Spanish (Español): Para ayuda en español, llame al 1-866-660-6528. Chinese (中文): 如需中文協助, 請致電 1-866-660-6528.

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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 (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.

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 સંવાદની 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’identificaz ione.

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.

यदिआप अंगरेजी से भिन्न कोई अन्य णिषा बोलते हैं, तो ननःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दए 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.

ٲوهالاقاطبرهظىلع دوجومالامقرلابلاصتالانكئى. أناجمءدعاسمالا كل رفون، ةيزىلچنلال ريغ ىرغأ ةغل حثتت تنك اذا
-سيزك لالا ربربمنءدشجر دفرطىلهچپ ىك ذراك ىتخانش ىنابرمءاربءىءبايتسد دمء ت فم وت سىءىءتءكس لوب نابز ىرسود ىئوكءوالع ىك ىزىرگنا پآ رگا

Questions and Answers:

How Horizon BCBSNJ Collects and Maintains Your Personally Identifiable Information

Privacy Notice Statement Required by 45 C.F.R. § 155.260

Please read these questions and answers to learn how Horizon Blue Cross Blue Shield of New Jersey will collect and maintain any Personally Identifiable Information (PII) that you voluntarily provide or that Horizon BCBSNJ may obtain through the assistance provided to you.

We reserve the right to change this Privacy Notice Statement. We reserve the right to make the revised or changed Privacy Notice Statement effective with respect to your PII we already have, as well as, any information we may obtain from you if you seek the assistance of the Horizon BCBSNJ representative in the future. We will post a copy of our current Privacy Notice Statement on our website, **HorizonBlue.com**.

Q1: What is PII?

A1: PII, or Personally Identifiable Information, is any information that can be used to distinguish or trace your identity, alone, or when combined with other personal or identifying information that is linked or linkable to you. Some examples of PII include:

- __ Name
- __ Social Security Number
- __ Biometric records
- __ Date and place of birth
- __ Mother’s maiden name
- __ Medical, educational, financial and/or employment information
- __ Phone number
- __ Home address
- __ Driver’s license number
- __ Email address

Q2: Is Horizon BCBSNJ legally allowed to collect PII?

A2: Yes, Horizon BCBSNJ is authorized to collect your PII pursuant to the Affordable Care Act (ACA) and its implementing rules and regulations published by the Department of Health and Human Services (HHS).

Q3: Will Horizon BCBSNJ representatives collect my PII?

A3: Horizon BCBSNJ representatives will collect certain PII in connection with your interest in Horizon BCBSNJ health coverage options. Horizon BCBSNJ shall maintain and/or store your PII and/or the PII of your authorized representative in accordance with its privacy policies and procedures.

(Continues)

Q4: Why will Horizon BCBSNJ collect my PII?

A4: Our representatives may come in contact with your PII to assist you:

- With the eligibility process and application for health coverage
- With enrolling in a Qualified Health Plan (QHP)
- In determining eligibility for exemptions from the requirement to maintain health coverage

Horizon BCBSNJ representatives may:

- Enter your PII into the Health Insurance Marketplace (the Marketplace) website application for you. In certain cases, you may enter the information on your own with the assistance of a Horizon BCBSNJ representative.
- Retain your PII and/or the PII of your authorized representative, after your session with the Horizon BCBSNJ representative has ended.

The Marketplace will collect, maintain and store your PII to:

- Determine your eligibility for health insurance coverage
- Determine your eligibility for programs to lower costs of health coverage
- Display your QHP options.

Q5: How will the Marketplace protect my PII?

A5: The Marketplace has privacy and security standards and procedures in place to protect your PII. For information regarding how the Marketplace will use your PII and its privacy and security practices, please see its privacy statement at <https://www.healthcare.gov/individual-privacy-act-statement/>.

You can learn more about how the Marketplace handles your information at: <https://www.healthcare.gov/how-we-use-your-data/>.

Q6: How will Horizon BCBSNJ use my PII? Will Horizon BCBSNJ share or disclose my PII?

A6: Horizon BCBSNJ will use your PII to help you obtain health coverage and to provide certain functions authorized in its Privacy and Security Agreement with the Centers for Medicare and Medicaid Services (CMS). Such authorized functions include, but are not limited to, helping you make the right eligibility determinations, helping you select a QHP and, if applicable, helping you obtain financial assistance (e.g., advance premium tax credits or cost sharing reductions). Horizon BCBSNJ and its representatives may share or disclose your PII with the Marketplace, certain federal or state agencies, and/or other Horizon BCBSNJ representatives only to the extent necessary to carry out the authorized functions.

Once you are enrolled in health coverage through Horizon BCBSNJ, our Notice of Information Privacy Practices applies. The policy can be found at [HorizonBlue.com/about-us/privacy-center](https://www.horizonblue.com/about-us/privacy-center).

Q7: Is sharing my PII voluntary? Can I choose not to share my PII?

A7: Yes. You and/or your authorized representative do not have to give the Horizon BCBSNJ representative more information than you or your authorized representative choose to provide.

However, the assistance the Horizon BCBSNJ representative provides is based only on the information you and/or your authorized representative provide. If the information provided is inaccurate or incomplete the Horizon BCBSNJ representative may not be able to, among other things, provide you with information about health coverage options, help with the eligibility process and/or assist you with enrollment in a QHP.

Please see the Marketplace's privacy notice for more information regarding effects of entering incomplete, inaccurate or fraudulent information into the Marketplace application:
<https://www.healthcare.gov/individual-privacy-act-statement/>.

Q8: If I feel that my privacy rights have been violated, how do I file a complaint?

A8: If you believe your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ by calling our Privacy Office at **1-973-466-5781** or you may file a complaint with the Centers for Medicare & Medicaid Services (CMS) by calling the Marketplace helpline at **1-800-318-2596**.

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Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance Three Penn Plaza East, PP-16C

Newark, NJ 07105

Phone: 1-800-658-6781

Fax: 1-973-466-7759

Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

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)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.