2021 Individual and Family Insurance Coverage
Now more than ever, you need health insurance you can count on.

Horizon Blue Cross Blue Shield of New Jersey (Horizon 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 mobile apps to simplify health 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

Did You Know?
1 out of 3 Americans* carry a Blue Cross Blue Shield (BCBS) card, which provides them with access to the largest network of doctors and hospitals across the U.S. and here in New Jersey.

*BCBS Fact Sheet, July 2020
OMNIA 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 39,000 OMNIA Tier 1 doctors
- Low copays and deductibles with OMNIA Tier 1 doctors and hospitals*
- Choose from more than 52,000 doctors and specialists and 83 hospitals in 102 convenient locations**
- Includes providers in parts of Pennsylvania and Delaware

Get 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 8/15/20 and is subject to change.
We’re here to provide care and support from the comfort of home.

Nurse Chat
It should be easy to get the care you need, especially when you’re not feeling well. If you can’t reach your primary doctor, our Nurse Chat feature is just a few clicks away on our secure member website. You can also use the Horizon Blue app to chat with a nurse about your health issues, all without leaving home.¹

Telemedicine
We have more ways to connect with U.S. board-certified, licensed doctors, via the Horizon Blue app, video, chat or phone, 24 hours a day, seven days a week.²

PillPack
Presorted medicines and home delivery make it easier to take care of your health. You can get your medicines delivered to your home from PillPack by Amazon Pharmacy, a full-service pharmacy, in user-friendly packaging at no additional cost to you.

More ways to get care virtually.

Chronic Care Programs
These programs can help you take control of your health by providing support to manage the day-to-day challenges of living with chronic conditions, such as asthma or diabetes.

Virtual Health & Wellness Programs and Resources
These live webinars and recorded videos on a variety of wellness topics can help you ease stress and stay active.

¹ Some state and plan restrictions may apply.
² Horizon CareOnline telemedicine functionality within the Horizon Blue app will be available in the 4th quarter of 2020.
We can help you achieve your best health.

Wellness
Services such as annual physical and gynecological exams, well-baby/child medical care and immunizations are covered when using an in-network doctor.

Wellness Includes:
- **My Health Manager** powered by WebMD®
  (Members may be eligible to earn a $50 Visa® prepaid gift card)
- Healthy Living Discounts with **Blue365®**
- Online health education
- **PRECIOUS ADDITIONS®** program for parents-to-be
- **Horizon FitSM** gym reimbursement*

*Included with OMNIA Health Plans

Prescription Drug Coverage
Prescription drug coverage is an integral part of our health plans, helping you recover from an illness, manage a condition and stay in good health.

Behavioral Health & Substance Use Disorder
Care for behavioral health conditions or alcohol/substance use disorder is offered through our extensive network of participating health care professionals who provide a full range of counseling services.

Case Management
Our Care Managers help manage complex health care situations by simplifying navigation, coordinating care and providing a better understanding of policies and procedures.

Away From Home Care
This program is available to members who have Horizon HMO, Horizon EPO and OMNIA Health Plans. *Note – these members are not eligible if they are enrolled in a BlueCard® and/or HSA compatible plan. It gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.
New Jersey Health Plan Savings (NJHPS)

Governor Phil Murphy recently signed new legislation to protect and expand upon affordability and access to health care for all residents of the state. This means that New Jersey residents now have access to a state subsidy called New Jersey Health Plan Savings (NJHPS) that can lower the cost of health insurance. This is in addition to federal Advanced Premium Tax Credits (APTCS).*

Who qualifies?

Current and new Marketplace enrollees whose annual household incomes fall between 100 and 400 percent of the Federal Poverty Level will receive NJHPS to lower their premiums, in addition to APTCs.

Generally, individuals with a yearly income up to $51,040 or under $104,800 for a family of four may qualify for both the NJHPS and APTC subsidies.

Learn more

To see how much financial assistance you could receive through NJHPS and APTC, get an estimated quote at HorizonBlue.com/calculator.

*Unlike federal APTC, NJHPS is not a tax credit and consumers do not have to reconcile the new NJHPS on their taxes.
Source: Get Covered New Jersey and the NJDOBI (9/20)
**Horizon OMNIA Health Plans**

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.

### 2021 BENEFITS

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<th>OMNIA Silver Value</th>
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### Health Care Services

- **PCP Office Visits & Consultations**: Deductible then $50 copayment, Deductible then 50% coinsurance
- **Specialist Visits & Consultations**: Deductible then $75 copayment, Deductible then 50% coinsurance
- **Lab/Radiology/Pretesting**: No charge
- **Lab Office Visit**: No charge
- **Radiology Office Visit**: Deductible then $50 copayment or deductible then $75 specialist copayment, Deductible then 50% coinsurance
- **Lab/Radiology/Outpatient**: Deductible then 50% coinsurance, Deductible then 50% coinsurance

### Diagnostic Testing and Imaging

- **Pharmacy Services**:
  - **Preferred Brand Drugs**: Deductible then 50% coinsurance
  - **Non-Preferred Brand Drugs**: Deductible then 50% coinsurance

### Outpatient Surgery

- **Both Hospital & Physician/Surgeon**: Deductible then 50% coinsurance, Deductible then 50% coinsurance
- **Both Ambulatory Surgical Hospital & Physician/Surgeon**: Deductible then 50% coinsurance, Deductible then 50% coinsurance

### Emergency/ Urgent Medical Services

- **ER Hospital**: $100 copayment & deductible then 50% coinsurance
- **ER Professional**: Deductible then 50% coinsurance
- **Medical Transportation**: Deductible then no charge
- **Urgent Care Center**: Deductible then $75 copayment

### Hospital Services

- **Outpatient Hospital & Physician**: Deductible then 50% coinsurance
- **Inpatient Hospital**: Deductible then 50% coinsurance
- **Physician/Surgeon**: Deductible then no charge

### Behavioral Health/Substance Use Disorder

- **Office**: Deductible then $50 copayment
- **Outpatient**: Deductible then 50% coinsurance
- **Inpatient**: Deductible then $500 per day copayment

### Maternity Services

- **Delivery & All Inpatient Services**: Deductible then $500 per day copayment

### Other Services

- **In-Home Health Care**: Deductible then $50 copayment
- **Rehabilitation, Hospice & Skilled Nursing Care**
- **Durable Medical Equipment**: Deductible then $10 copayment
- **Chiropractic Care: 30 Visits Per Year Maximum**: 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.

**††Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.

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This document is for informational purposes only and does not constitute an insurance agreement. Please note that rates are subject to change. Contact Horizon BlueCross BlueShield of New Jersey for the most current rates. The information provided by this document is intended to support or replace medical advice, decision or care benefit plans created or administered by Horizon BCBSNJ. As an event or focus for benefit plans, benefit plan information is subject to change without notice. Please contact Horizon BCBSNJ to verify the specific coverage and plans available.
Horizon OMNIA SM Health Plans continued

### 2021 BENEFITS

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### HEALTH CARE SERVICES

**PCP Office Visits & Consultations**

- $30 copayment
- Deductible than 50% coinsurance
- $10 copayment
- Deductible than 30% coinsurance

**Specialist Visits & Consultations**

- $50 copayment
- Deductible than 50% coinsurance
- $25 copayment
- Deductible than 50% coinsurance

### DIAGNOSTIC TESTING AND IMAGING

- Lab/Radiology-Freestanding: No charge
- Lab Office Visit: No charge
- Radiology Office Visit: $30 copayment or $50 specialist copayment
- Lab/Radiology Outpatient: Deductible than $75 copayment

### PHARMACY SERVICES

- Generic Drugs: $3 copayment (mail order)
- Preferred Brand Drugs: Deductible than 50% coinsurance
- Non-PREFERRED/Brand & Specialty Drugs: Deductible than 50% coinsurance

### OUTPATIENT SURGERY SERVICES

- Both Hospital & Physician Surgeon: Deductible than $250 copayment
- Both Ambulatory Surgical Hospital & Physician Surgeon: Deductible than $250 copayment
- Deductible than $50 copayment

### EMERGENCY/URGENT MEDICAL SERVICES

- ER Hospital: $150 copayment & deductible
- ER Professional: Deductible
- Medical Transportation: Deductible than no charge
- Urgent Care Center: $75 copayment

### HOSPITAL SERVICES

- Outpatient Hospital & Physician: Deductible than $10 copayment
- Inpatient Hospital: Deductible than $300 per day copayment
- Physician/Surgeon: Deductible
- Deductible than $500 per day copayment

### BEHAVIORAL HEALTH SUBSTANCE USE DISORDER

- Office: $30 copayment
- Outpatient: Deductible than $10 copayment
- Inpatient: Deductible than $500 per day copayment
- Deductible than $10 copayment

### MAJORITY SERVICES

- Delivery & All Inpatient Services: Deductible than $100 copayment
- In-Home Care: $30 copayment
- Rehabilitation, Hospice & Skilled Nursing Care*: Deductible than $100 copayment
- Deductible than $500 per day copayment
- Deductible than $30 copayment

### DENTAL SERVICES

- No charge
- $30 copayment
- Deductible than $30 copayment
- Deductible than $10 copayment
- Deductible than $0 copayment

### OTHER SERVICES

- Chronic Care – 30 Visits Per Year Maximum: $30 copayment
- Respiratory Therapy: Deductible than $50 copayment
- Deductible than $30 copayment
- Deductible than $10 copayment

---

**Medical transportation Deductible then no charge**

**International Medical Coverage**

**Personal Accident Insurance**

**International Medical Coverage**

**Pet Insurance**

**Enrollment Made Easy**

**Medicare Advantage**

**Horizon Blue App**

**Glossary**

**Summary of Benefits & Coverage**

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**1. 2021 rates may vary.**

**2. This plan is not available in all states.**

**3. 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 Blue Cross Blue Shield of New Jersey.**

**4. 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.**

**5. Please refer to your plan documents for all benefits and coverage details.**

**6. Do not interpret the list of covered benefits to mean that Horizon Blue Cross Blue Shield of New Jersey offers any covered benefit or that any service is covered under this plan.**

**7. For more information, please visit Horizon Blues Cross Blue Shield of New Jersey’s website at HorizonBlue.com or call 1-800-235-2387.**

**8. **OCTOBER 20, 2020

**MEDICAL PLANS // ADVANCE EPO HEALTH PLANS**

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**2021 OVERVIEW | INDIVIDUAL & FAMILY INSURANCE COVERAGE**

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**Health Plan Benefits**

**Medical Plans**

**OMNIA Health Plans**

**> Advantage EPO Health Plans**

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**Vision Plans**

**Additional Coverage**

**Personal Accident Insurance**

**International Medical Coverage**

**Pet Insurance**

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**Medicare Advantage**

**Horizon Blue App**

**Glossary**

**Summary of Benefits & Coverage**
## 2021 Monthly Premium Rates

### OMNIA Health Plans

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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 | The 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 | The 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

#### 2021 Plan Details

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<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Age 19 and Over OON³</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### ACA Compliant
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

#### Benefit Waiting Periods Apply
- No
- No
- No
- No
- No
- No

#### Participating Office Locations
- 13,000 in NJ / 376,000 nationwide
- 10,000 in NJ, NY, DE and PA
- 13,000 in NJ / 376,000 nationwide
- 8,000 in NJ / 329,000 nationwide
- n/a

#### Annual Maximum
- None
- None
- None
- None
- $1,500
- $1,500

#### Deductible
- $25/$100/$200¹
- $25/$100/$200¹
- None
- $25/$100/$200¹
- $50/$150
- $50/$150

### BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR & MEDICALLY NECESSARY ORTHODONTIA)

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual</th>
<th>Family</th>
<th>Preventive/Diagnostic (Class I)</th>
<th>Basic (Class II) and Major (Class III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis – Cleaning</td>
<td>$350</td>
<td>$700</td>
<td>3 times/year</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Sealant</td>
<td>$350</td>
<td>$700</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Fluoride</td>
<td>$350</td>
<td>$700</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Oral Exam</td>
<td>$350</td>
<td>$700</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>X-Rays</td>
<td>$350</td>
<td>$700</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>

#### Restorative

<table>
<thead>
<tr>
<th>Service</th>
<th>Horizon Young Grins</th>
<th>Horizon Family Grins</th>
<th>Horizon Family Grins Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam Fillings</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Composite Fillings</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>Discount 50% after deductible</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Root Canals</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Periodontal Scaling &amp; Root Planing</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Bridges</td>
<td>Discount 50% after deductible</td>
<td>Discount 50% after deductible</td>
<td>Discount 50% after deductible</td>
</tr>
<tr>
<td>Dentures</td>
<td>Discount 50% after deductible</td>
<td>Discount 50% after deductible</td>
<td>Discount 50% after deductible</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
<td>Discount 80% after deductible</td>
</tr>
<tr>
<td>Orthodontic Medical Necessity</td>
<td>Covered 50%</td>
<td>Covered 50%</td>
<td>Covered 50%</td>
</tr>
<tr>
<td>Cosmetic Orthodontia</td>
<td>Covered 50%</td>
<td>Covered 50%</td>
<td>Covered 50%</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum (Cosmetic)</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**Notes:**
- ¹ In-network
- ² Out-of-network
- ³ $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

<table>
<thead>
<tr>
<th>2021 Plan Details</th>
<th>Horizon Healthy Smiles</th>
<th>Horizon Healthy Smiles Plus</th>
<th>Horizon Centurion</th>
<th>Horizon Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage for</strong></td>
<td>Children and Adults</td>
<td>Children and Adults</td>
<td>Children and Adults</td>
<td>Children and Adults</td>
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<tr>
<td>ACA Compliant</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Benefit Waiting Periods Apply</td>
<td>Yes¹</td>
<td>Yes¹</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Participating Office Locations</td>
<td>8,000 in NJ / 329,000 nationwide</td>
<td>13,000 in NJ / 376,000 nationwide</td>
<td>10,000 in NJ, NY, DE and PA</td>
<td>2,000 in NJ</td>
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<tr>
<td>Annual Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>None</td>
<td>None</td>
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</tbody>
</table>

#### Preventive/Diagnostic (Class I)

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis – Cleaning</td>
<td>1 every 6 months 100%</td>
<td>1 every 6 months 80%</td>
</tr>
<tr>
<td>Sealant</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Fluoride</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oral Exam</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-Rays</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Basic (Class II) and Major (Class III)

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restorative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam Fillings</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Composite Fillings</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Crowns/Inlays/Onlays</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canals</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Scaling &amp; Root Planing</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Dentures</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonsurgical &amp; Surgical Extraction of Teeth</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

#### Orthodontics

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic Medical Necessity</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Cosmetic Orthodontia</td>
<td>Covered at 50% for those under age 19</td>
<td>Covered at 50% for those under age 19</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum (Cosmetic)</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

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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.

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**Menu**
- Why Horizon
- OMNIA Health Plans
- Health Plan Benefits
- Medical Plans
  - OMNIA Health Plans
  - Advantage EPO Health Plans
- Dental Plans
- Vision Plans
- Additional Coverage
  - Personal Accident Insurance
  - International Medical Coverage
  - Pet Insurance
- Enrollment Made Easy
- Medicare Advantage
- Horizon Blue App
- Glossary
- Summary of Benefits & Coverage
### Dental Plan Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Horizon Family Grins Plus</th>
<th>Age</th>
<th>Horizon Family Grins</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>$26.36</td>
<td>0-14</td>
<td>$26.36</td>
</tr>
<tr>
<td>15</td>
<td>$27.67</td>
<td>15</td>
<td>$27.67</td>
</tr>
<tr>
<td>16</td>
<td>$27.96</td>
<td>16</td>
<td>$27.96</td>
</tr>
<tr>
<td>17</td>
<td>$27.04</td>
<td>17</td>
<td>$27.04</td>
</tr>
<tr>
<td>18</td>
<td>$24.88</td>
<td>18</td>
<td>$24.88</td>
</tr>
<tr>
<td>19-22</td>
<td>$33.49</td>
<td>19+</td>
<td>$9.42</td>
</tr>
<tr>
<td>23-24</td>
<td>$30.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td>$37.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>$39.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>$40.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>$42.56</td>
<td>0-14</td>
<td>$26.36</td>
</tr>
<tr>
<td>45-49</td>
<td>$45.55</td>
<td>15</td>
<td>$27.67</td>
</tr>
<tr>
<td>50-54</td>
<td>$51.69</td>
<td>16</td>
<td>$27.96</td>
</tr>
<tr>
<td>55-59</td>
<td>$55.81</td>
<td>17</td>
<td>$27.04</td>
</tr>
<tr>
<td>60-63</td>
<td>$61.59</td>
<td>18</td>
<td>$24.88</td>
</tr>
<tr>
<td>64+</td>
<td>$63.39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 1*</th>
<th>Option 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 and under</td>
<td>$20.76</td>
<td>$16.59</td>
<td>$17.03</td>
<td>$14.02</td>
</tr>
<tr>
<td>23-24</td>
<td>$20.12</td>
<td>$16.07</td>
<td>$16.50</td>
<td>$13.58</td>
</tr>
<tr>
<td>25-29</td>
<td>$22.86</td>
<td>$18.26</td>
<td>$18.74</td>
<td>$15.42</td>
</tr>
<tr>
<td>30-34</td>
<td>$23.20</td>
<td>$18.52</td>
<td>$19.01</td>
<td>$15.65</td>
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<tr>
<td>40-44</td>
<td>$26.34</td>
<td>$21.06</td>
<td>$21.61</td>
<td>$17.97</td>
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<tr>
<td>45-49</td>
<td>$29.19</td>
<td>$23.32</td>
<td>$23.94</td>
<td>$19.69</td>
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<tr>
<td>50-54</td>
<td>$31.49</td>
<td>$25.16</td>
<td>$25.82</td>
<td>$21.26</td>
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<tr>
<td>60-64</td>
<td>$34.24</td>
<td>$27.35</td>
<td>$28.08</td>
<td>$23.10</td>
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<tr>
<td>65+</td>
<td>$33.84</td>
<td>$27.04</td>
<td>$27.75</td>
<td>$22.85</td>
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</table>

### Horizon Healthy Smiles Plus

<table>
<thead>
<tr>
<th>Age</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 1*</th>
<th>Option 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 and under</td>
<td>$25.17</td>
<td>$19.76</td>
<td>$20.27</td>
<td>$16.70</td>
</tr>
<tr>
<td>25-29</td>
<td>$27.70</td>
<td>$21.73</td>
<td>$22.31</td>
<td>$18.35</td>
</tr>
<tr>
<td>30-34</td>
<td>$28.10</td>
<td>$22.05</td>
<td>$22.64</td>
<td>$18.63</td>
</tr>
<tr>
<td>35-39</td>
<td>$29.35</td>
<td>$23.04</td>
<td>$23.66</td>
<td>$19.47</td>
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<tr>
<td>40-44</td>
<td>$31.94</td>
<td>$25.08</td>
<td>$25.72</td>
<td>$21.19</td>
</tr>
<tr>
<td>45-49</td>
<td>$35.37</td>
<td>$27.78</td>
<td>$28.50</td>
<td>$23.45</td>
</tr>
<tr>
<td>50-54</td>
<td>$38.18</td>
<td>$29.95</td>
<td>$30.76</td>
<td>$25.31</td>
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<tr>
<td>55-59</td>
<td>$39.74</td>
<td>$31.19</td>
<td>$32.00</td>
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</tr>
<tr>
<td>60-64</td>
<td>$41.49</td>
<td>$32.57</td>
<td>$33.42</td>
<td>$27.51</td>
</tr>
<tr>
<td>65+</td>
<td>$41.02</td>
<td>$32.20</td>
<td>$33.02</td>
<td>$27.19</td>
</tr>
</tbody>
</table>

### Horizon Centurion Horizon Individual

<table>
<thead>
<tr>
<th></th>
<th>Horizon Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Individual</td>
<td>$60 per year</td>
</tr>
</tbody>
</table>
| 1 Family             | $84 per year       | adult rate: $180 per year
| Child Rate           | $68.40 per year    |

*With first proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III 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.

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It's easy to enroll:
Visit [HorizonBlue.com/MeetOnline](http://HorizonBlue.com/MeetOnline) to learn about our virtual events or to book your plan review. Or talk with one of our plan experts at 1-888-425-5611. Spanish-speaking plan experts are available.
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

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Horizon Vista V</th>
<th>Horizon Panorama V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye examination inclusive of dilation (when professionally indicated)</td>
<td>Once every calendar year</td>
<td></td>
</tr>
<tr>
<td>Spectacle lenses/frames</td>
<td>Annual/Annual</td>
<td></td>
</tr>
<tr>
<td><strong>Copayments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye examination/spectacle lenses</td>
<td>$10/$10</td>
<td></td>
</tr>
<tr>
<td><strong>Eyeglass Benefit – Frame</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-collection frame allowance (retail)</td>
<td>Up to $100 or $150¹</td>
<td>Up to $130 or $180¹</td>
</tr>
<tr>
<td>Member Charges plus 20% discount on any average²</td>
<td>Included/$15/$40</td>
<td>Included/Included/$25</td>
</tr>
<tr>
<td>Davis Vision Frame Collection³ (in lieu of allowance): Fashion/Designer/Premier</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td><strong>Eyeglass Benefit – Spectacle Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td>Tinting of plastic lenses/scratch-resistant coating</td>
<td>$15/included</td>
<td>Included/included</td>
</tr>
<tr>
<td>Polycarbonate lenses (child/幼儿/adult)</td>
<td>$0/$35</td>
<td>$0/$30</td>
</tr>
<tr>
<td>Ultraviolet coating</td>
<td>$15</td>
<td>$12</td>
</tr>
<tr>
<td>Anti-reflective (AR) coating (standard/premium/ultra/ultimate)</td>
<td>$40/$55/$69/$85</td>
<td>$35/$48/$60/$85</td>
</tr>
<tr>
<td>Progressive lenses (standard/premium/ultra/ultimate)</td>
<td>$65/$105/$140/$175</td>
<td>$50/$90/$140/$175</td>
</tr>
<tr>
<td>High-index lenses/plastic photochromic lenses/polarized lenses</td>
<td>$60/$70/$75</td>
<td>$55/$65/$75</td>
</tr>
<tr>
<td>Scratch Protection Plan: single vision/multifocal lenses</td>
<td>$20/$40</td>
<td></td>
</tr>
<tr>
<td>Blue light filtering</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Contact Lens Benefit (in lieu of Eyeglasses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-collection contact lenses: materials allowance</td>
<td>Up to $100</td>
<td>Up to $130</td>
</tr>
<tr>
<td>Evaluation, fitting and follow-up care – standard and specialty lens types</td>
<td>Plus 15% discount on any average²</td>
<td></td>
</tr>
<tr>
<td>Collection Contact Lenses⁴ (in lieu of allowance): disposable/planned replacement</td>
<td>n/a</td>
<td>Up to 4 boxes/multipacks¹</td>
</tr>
<tr>
<td>Evaluation fitting and follow-up care</td>
<td>n/a</td>
<td>Included</td>
</tr>
<tr>
<td>Visually required contact lenses (with prior approval): materials, evaluation, fitting and follow-up care</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network Reimbursement Schedule – Up to:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye examination: $40</td>
<td>Trifocal lenses: $80</td>
<td>Elective contact lenses: Vista $80/Panorama: $105</td>
</tr>
<tr>
<td>Single vision lenses: $40</td>
<td>Bifocal/progressive lenses: $60</td>
<td>Lenticular lenses: $100</td>
</tr>
<tr>
<td>Trifocal lenses: $80</td>
<td>Lenticular lenses: $100</td>
<td>Visually required contact lenses: $225</td>
</tr>
<tr>
<td>Frame: $50</td>
<td>One-year Eyeglass Breakage Warranty Included</td>
<td></td>
</tr>
</tbody>
</table>

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 of 6.00 diopter or greater.

### Vista V

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$12.52</td>
</tr>
<tr>
<td>Two Adults</td>
<td>$25.04</td>
</tr>
<tr>
<td>Adult/Children</td>
<td>$26.29</td>
</tr>
<tr>
<td>Family</td>
<td>$36.68</td>
</tr>
</tbody>
</table>

It’s easy to enroll:
Visit HorizonBlue.com/MeetOnline to learn about our virtual events or to book your plan review. Or talk with one of our plan experts at 1-888-425-5611. Spanish-speaking plan experts are available.

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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 of 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.

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**Menu**

- Why Horizon
- OMNIA Health Plans
- Health Plan Benefits
- Medical Plans
  - OMNIA Health Plans
  - Advantage EPO Health Plans
- Dental Plans
- Vision Plans
- Additional Coverage
  - Personal Accident Insurance
  - International Medical Coverage
  - Pet Insurance
- Enrollment Made Easy
- Medicare Advantage
- Horizon Blue App
- Glossary
- Summary of Benefits & Coverage
**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 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.
Now’s the time to enroll.

Whether you have questions or want to enroll immediately, our plan experts are ready to help.

Our plan experts can answer your questions about:

• Paying an even lower monthly payment with the new state subsidy program
• Finding the right coverage for less
• New Horizon BCBSNJ benefits and services

Visit HorizonBlue.com/MeetOnline to learn about our virtual events or to book your plan review. Or talk with one of our plan experts at 1-888-425-5611. Spanish-speaking plan experts are available.

We’re making it safe for our members to meet with us in person or virtually.
Medicare Advantage

Designed for Medicare recipients only, our Medicare Advantage plans include all of the benefits of original Medicare, plus additional money-saving benefits.

• Premiums as low as $0 per month*
• $0 in-network medical deductible
• New $0 copay for in-network annual physical exams
• New $0 copay for in-network diagnostic mammograms
• New $0 copay for expanded telehealth with Horizon CareOnline®
• Up to $200 annually for your gym and/or yoga studio membership
• Options with prescription copays as low as $0 and $0 copay for most generic medications.

All plans also include routine dental, vision and hearing benefits. Plus, no referrals are needed when you see an in-network specialist.

NEW PLAN FOR 2021
Horizon Medicare Blue Access (PPO)
Low $36 per month premium, out-of-network benefits and access to our largest network with nationwide coverage when you travel. Available to residents of Atlantic, Cumberland and Mercer counties.

To learn more about Horizon BCBSNJ Medicare plans, contact:

Angela Galetta-Winn, MBA
Horizon BCBSNJ
Medicare Broker Sales Account Manager, Government Programs
Email: Angela_Galetta-Winn@HorizonBlue.com
Mobile: 1-973-489-9111

Nicholas Cavallo
Horizon BCBSNJ
Medicare Broker Sales Account Manager, Government Programs
Email: Nicholas_Cavallo@HorizonBlue.com
Mobile: 1-862-240-2335

Nemesio J. Kinsora
Horizon BCBSNJ
Medicare Broker Sales Account Manager, Government Programs
Email: Nemesio_Kinsora@HorizonBlue.com
Mobile: 1-973-558-1866

*$0 premium for Horizon Medicare Blue Advantage (HMO) is only available in the following counties: Hunterdon, Somerset, Sussex, Warren.
Medicare Advantage

Braven Health is a new Medicare plan that was created through a partnership between Hackensack Meridian Health and Horizon Blue Cross Blue Shield of New Jersey.

- Premiums as low as $0 per month*
- $0 medical deductible
- Doctor office visits as low as $0
- $0 telehealth for Braven Health’s care online program
- Prescription copays as low as $0
- Comprehensive dental benefits
- Up to $200 annually toward your gym and/or yoga studio membership
- Up to $200 flex benefit to spend on a weight-loss program, an activity tracker, acupuncture and more
- Plans with nationwide network access

All Braven Health Medicare Advantage plans give members access to a large and fast-growing network that includes the entire Hackensack Meridian Health system* and many other high-quality doctors, specialists and hospitals near you.

*Other providers are available in our network.
Horizon Blue app

We're putting 24/7 care and support in the palm of your hand.

• Chat with a nurse about symptoms
• Get help with appointment scheduling
• Get quick claim status updates
• Video chat with doctors
• View and print member ID Cards
• Locate in-network doctors

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

Access your member ID Cards anytime from the mobile app.

Join the 1.1 million members already using our digital tools. Download the Horizon Blue app today.*

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.

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

**Maximum Out-of-Pocket (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 Maximum Out-of-Pocket (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.

The information provided in this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained in health 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.
Summary of Benefits & Coverage

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

Coverage Period: 1/1/21 - 12/31/21

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

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

PillPack is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in prescription delivery services. PillPack is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

WebMD® is an independent company that supports Horizon BCBSNJ by connecting individuals to health care information. WebMD® is a registered mark of WebMD, Inc.

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**Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.**

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Here when you need us most.

**Now and always.**

#1 in Member Satisfaction among Commercial Health Plans in NJ, 3 out of 4 Years

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Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

There is no change in broad-based Horizon Blue app features from your previous versions.

---

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 this health plan, any other plan(s), or your benefit plan documents. Horizon Blue Cross Blue Shield of New Jersey reserves the right to modify this document at any time.

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Husdon Insurance Company (“HIC”) has a Medicare contract to offer HMO, HMO-POS, PPO and Medicare Advantage plans, including group Medicare Advantage plans and group Part C Prescription Drug plans. Enrollment in HIC Medicare products depends on contract renewal. Products are provided by HIC. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

Braven Health is a service mark of Healthy New Jersey Insurance Company, Inc. dba/Braven Health - 02203 Braven Health, Three State Plaza East, Newark, New Jersey, (US). Horizon Healthy New Jersey Insurance Company, Inc. dba/Braven Health (“Braven Health”) has a Medicare contract to offer HMO and PPO Medicare Advantage and Medicare Advantage with Prescription Drug plans. Enrollment in Braven Health’s products depends on contract renewal. Products are provided by Horizon New Jersey Insurance Company, Inc. dba/Braven Health. Communications are issued by Horizon Healthcare Services, Inc. dba Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

Ducks Inc. Inc. supports Horizon Blue Cross Blue Shield of New Jersey in the administration of the Denta plans. Ducks Inc. Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey. Products and policies provided by Horizon Insurance Company and 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 of 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.

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As of August 20, 2020.

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**1-866-660-6528.**

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Family needs are in the administration of the plan, including enrollment and benefit determinations.

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Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate 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.


© 2020 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.
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.

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, 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.

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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.

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.

(Continues)
Notice of Nondiscrimination

Horizon BCBSNJ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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.