



Horizon Blue Cross Blue Shield of New Jersey

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

Thank you for your interest in the Away From Home Care Program. To enroll in the program, please complete and return the application on the next page. Your completed application must include a mailing address.

When completing the application, please remember to:

- Include the Social Security Number of the member requesting enrollment in the Away From Home Care Program
- Include the name of the parent or guardian for dependents under age 18 years
- Include a complete physical address, not a P.O. Box of where the member will be staying
- Sign the completed application
- Send the completed application to:

Email: **Awayfromhomecare@HorizonBlue.com**

By mail:

**Horizon Blue Cross Blue Shield of New Jersey  
Away From Home Care Program  
Three Penn Plaza East  
PP-08F  
Newark, NJ 07101**

Fax: **1-973-274-4275**

The effective date of Away From Home Care Program coverage will be determined once Horizon BCBSNJ receives the completed application. **Please remember to sign the completed application.** It may take up to 10 business days for your application to be processed.

Once your application is processed, the Blue Cross and/or Blue Shield Plan (Host Plan) that you will use to access care while enrolled in the Away From Home Care Program will send you the following:

- Member ID cards
- Benefit information, including the effective date of coverage
- Details about choosing a Primary Care Physician

**Please read the information you receive thoroughly as your Away From Home Care Program benefits are not exactly the same as your current medical benefits.**

If you have questions, please call Horizon BCBSNJ's Away From Home Care Program at **1-973-466-8091**, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.



# AWAY FROM HOME CARE (AFHC) SERVICES APPLICATION

Horizon Blue Cross Blue Shield of New Jersey

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## A. SUBSCRIBER INFORMATION

Name: \_\_\_\_\_ Identification #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Sex:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Divorced  Other

Employer Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Type of coverage:  Individual  Family Employment Status:  Active  Retired

## B. AFHC MEMBER INFORMATION

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Address away from home: \_\_\_\_\_

Telephone # away from home: \_\_\_\_\_

Sex:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Divorced  Other

Relationship to Subscriber:  Self  Spouse/Partner  Dependent

Authorized Representative: \_\_\_\_\_

Medicare Enrollee:  Yes  No Is Medicare Primary:  Yes  No Medicare ID #: \_\_\_\_\_

Effective Date: Medicare Part A \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare Part B \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have other insurance?  Yes  No

Name of other carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Email Address for AFHC Member: \_\_\_\_\_

## C. CONTROL INFORMATION

Period of AFHC Membership requested:  New  Renewal

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of AFHC Membership:  Families Apart  Student  Long Term Traveler (Limited to 6 months)

**Validation of AFHC Membership:** Please note that Horizon Blue Cross Blue Shield of New Jersey retains the right to request documentation pertaining to your application. Horizon BCBSNJ may request information such as school transcripts or other pertinent information regarding your AFHC membership status to validate the program application.

**Renewing AFHC Membership.** You must renew the AFHC membership and AFHC membership(s) for you or dependent 30 days before the AFHC membership period ends or before your group's open enrollment (renewal) date, whichever is sooner.

**Notifying us each time you move in or out of the area.** Call Member Services each time a AFHC member moves in or out of the New Jersey service area so that we may ensure the AFHC member may receive services and is assigned the proper Primary Care Physician, if applicable.

If you have questions and need help, call Member Services at the number on the back of your ID card.

## D. AWAY FROM HOME CARE AUTHORIZATION

• I hereby certify that all information stated in Sections A and B on this application is truthful and correct to the best of my knowledge.

• I acknowledge that the benefit program providing complimentary coverage to myself or eligible dependents as AFHC members of the Host Plan may vary from the benefit program at my Home Plan.

Please consult the member welcome kit or other pertinent coverage documents that will be made available to you from the Host Plan. AFHC Guest Membership generally provides coverage for medical, hospital, and behavioral health services but does not provide coverage for prescription drugs or other kinds of services such as dental benefits. Please continue to use your Home Plan benefits for any applicable prescription drug benefits, if available.

• I understand that as a AFHC Member the Host Plan's benefit program's scope and levels of coverage apply.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Subscriber \_\_\_\_\_

Date \_\_\_\_\_

"I hereby authorize my Home coverage and my Host coverage, to exchange medical information about me."

Signature of AFHC Member (parent/guardian for minor) \_\_\_\_\_

Date \_\_\_\_\_



Horizon Blue Cross Blue Shield of New Jersey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo ookikíí bik'ehgo hodílnih.

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

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



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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 to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

Please call Member Services at **1-844-498-9393 (TTY/TDD 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

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

If you believe that Horizon BCBSNJ has failed to provide the free aid services or discriminated on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex or sexual orientation, you can file a Nondiscrimination Grievance with Horizon BCBSNJ's Civil Rights Coordinator. If you need assistance filing your Nondiscrimination Grievance, please call Horizon BCBSNJ at **1-800-658-6781**. You can also file a grievance in person or by mail.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

Para ayuda en español, llame a **1-844-498-9393 (TTY/TDD 711)**.