

Away From Home Care Program Member Handbook



Horizon HMO

HorizonBlue.com



Welcome!

We are happy to have you as a member. We want you to understand the benefits and services available to you as a Horizon Blue Cross Blue Shield of New Jersey member through the Away From Home Care Program, so you can get the care you need, when you need it.

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At Horizon BCBSNJ, we are proud of our commitment to diversity and inclusion among our employees, members, doctors and business partners. Diversity is part of who we are as a Company. We embrace and value differences of culture, education, experience and perspective in our workplace. For more information, please visit HorizonBlue.com/diversity.

Are you ready to get the most from your health plan? Follow these steps:

- 1. Keep your member ID card with you and show it when you need medical care.** It's the key to your Horizon BCBSNJ benefits. Use the **Horizon Blue app** to display your member ID card. To get the app, text **GetApp** to **422-272** or download it from the App Store® or Google Play™. You can also sign in at **HorizonBlue.com** to view your member ID card. Your member ID card will also be mailed to you.
- 2. Get to know your plan**
This handbook will help you understand how to use your benefits. Visit **HorizonBlue.com** for health plan news and updates.
- 3. Go online**
Sign in to the **Horizon Blue app** or **HorizonBlue.com** to find benefit details, claims information, wellness tools and more.
- 4. Choose your Primary Care Physician (PCP)**
Your plan requires that you select a PCP and make us aware of your selection. Your PCP will take care of you when you're sick and help you stay healthier all year round.

Visit **HorizonBlue.com/doctorfinder** and select *Horizon HMO* from the *Choose a Plan to Start* dropdown menu to find an available PCP in your area.
- 5. Save money**
Enjoy member-exclusive discounts on fitness and healthy living services. Visit **HorizonBlue.com/blue365** for details (see page 20).

Plan Facts

Name: Horizon HMO (Away From Home Care Program, see page 5).

The Away From Home Care Program only covers eligible medical benefits. For prescription drug coverage, please use your Home Blue Plan benefits and member ID card.

Out-of-Network Doctors and Hospitals:

Except for emergency care, services provided by doctors and hospitals that don't participate with Horizon HMO are not covered.

Need help?

Use the **Horizon Blue app** or sign in at **HorizonBlue.com** for access to your health plan information, 24 hours a day, seven days a week.

When signed in, you can also send a secure email or chat with us during normal business hours. Or, call us at: **1-800-355-BLUE (2583)**
TTY: 711

Representatives are available Monday, Tuesday, Wednesday and Friday, between 8 a.m. and 6 p.m., Eastern Time (ET), and Thursday, between 9 a.m. and 6 p.m., ET.

Our Interactive Voice Response (IVR) system is available 24 hours a day, seven days a week.

Our Frequently Asked Questions (FAQ) section at **HorizonBlue.com/faqs** gives you step-by-step instructions on how to find the information you need.

Use the Horizon Blue app or HorizonBlue.com for 24/7 Access to Your Information

Our **Horizon Blue app** puts support and care in your hands. View your benefits, display your member ID card, find doctors, and receive care and support, 24/7. Download the **Horizon Blue app** by texting **GetApp** to **422-272**.

Our secure member website at **HorizonBlue.com** is also available to you, 24/7. Register at **HorizonBlue.com**. When you do, you'll have exclusive access to:

- View your claims status
- Print or display your member ID card
- Change your PCP
- Update other coverage, if applicable
- Send a secure email or chat with us during normal business hours

1. Understanding Your Health Insurance

You should understand your health insurance plan – how it works and how to use it – so you can get the most out of it. You can save time and money when you know what your health plan covers before you get care. Learn more at **HorizonBlue.com/yourguidetocare**.

What do you pay?

Each insurance plan is different. That's why understanding your plan and benefits is important. You'll find complete plan details in your Summary Plan Description (SPD) or Benefit Booklet. But generally, this is how health insurance works:

- The subscriber pays a premium contribution through payroll deductions for coverage.¹
- Each time you see an in-network doctor or health care professional, you may be asked to pay a fixed amount called a copayment.
- For some services, instead of a copayment, you may pay coinsurance – a percentage of how much we agree to cover for a service (the amount your provider agrees to accept as payment in full is our allowed amount). For example, if we allow \$100 for a covered service and your plan has 30% coinsurance, we would pay \$70 and you would be responsible for \$30.
- You may also be responsible for an annual deductible – an amount you pay toward health care costs each year before your Horizon HMO plan starts to pay for covered services.

- Your coverage may have an out-of-pocket maximum. If it does, this amount is the most you'll have to pay out of your pocket in copayments, deductibles and coinsurance for certain covered health care services in a single year.
- Once you have met your out-of-pocket maximum, your plan will pay for eligible services at 100% of our allowed amount.

Sign in at **HorizonBlue.com** and click *My Accounts* and then *Out-of-Pocket Expenses* to view the dollar amounts applied to your deductible and maximum out-of-pocket expenses.² You can also view this information on the **Horizon Blue app**.

¹ There is no additional cost to be enrolled in the Away From Home Care Program.

² A complete list of claims that applied to your out-of-pocket expenses may not be available.

Your member ID card

Your Horizon BCBSNJ member ID card is your key to accessing medical care while you are enrolled in the Away From Home Care Program. Use your member ID card each time you get medical care. Use the **Horizon Blue app** to display your member ID card. To get the app, text **GetApp** to **422-272** or download it from the App Store or Google Play. You can also sign in at **HorizonBlue.com** to view your member ID card.

		AWAY FROM HOME CARE - HMO C	
Member Name J Doe A		PRIMARY CARE D	\$5.00
Member ID Number YHPHZN12345678		SPECIALIST D	\$5.00
<hr/> GROUP NUMBER 30-85343		EMERGENCY ROOM	\$35.00
CONTRACT TYPE B SINGLE		OUTPATIENT HOSPITAL	\$30.00
EFFECTIVE DATE 01/01/2019		BEHAVIORAL HEALTH	\$20.00
BC/BS PLAN CODE 280/780		INPATIENT HOSP COPAY	\$500.00
PCP NAME B Smith			
			

- A** The member's name and Horizon BCBSNJ member ID number. Each member enrolled in the Away From Home Care Program will have his or her own member ID number.
- B** Group information, which is needed for proper claim processing
- C** The health plan name
- D** Copayment amounts when members get care from in-network doctors and hospitals

2. Understanding Your Coverage

Understanding the Away From Home Care Program

While you are in New Jersey, your Horizon HMO plan through the Away From Home Care Program provides benefits for medically necessary, covered care and services provided or arranged by doctors and health care professionals participating in the Horizon Managed Care Network and hospitals in the Horizon Hospital Network. Your Home Blue Plan is the plan in which you are originally enrolled. Horizon BCBSNJ is considered your Host Blue Plan through the Away From Home Care Program.

While enrolled in the Away From Home Care Program, your benefits may not be exactly the same as your Home Blue Plan's benefits. Please read all materials provided by Horizon BCBSNJ. When you return home, your benefits will revert to your original Home Blue Plan benefits.

Under your Horizon HMO plan through the Away from Home Care Program, you must select a Primary Care Physician (PCP). In general, PCPs are licensed family practitioners, general practitioners, internists, pediatricians or health care professionals specializing in obstetrics and gynecology who have passed our credentialing process. They have agreements with us to participate in the Horizon Managed Care Network. See page 8 for details about choosing a PCP.

Check your Horizon BCBSNJ member ID card or refer to your SPD or Benefit Booklet for specific out-of-pocket costs, benefit information and exclusions.

Finding in-network doctors

Need to find an in-network doctor, health care professional or hospital? You can find one using the **Horizon Blue app** or you can check the *Online Doctor & Hospital Finder* at [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder). You will need to select *Horizon HMO* from the *Choose a Plan to Start* dropdown menu. To find:

- **Primary Care Physicians (PCPs):** Choose *All PCPs* from the *Specialty* dropdown menu.
- **Specialists:** Make a selection from the *Specialty* dropdown menu.
- **Hospitals:** Choose *Hospitals* from the *What are you looking for?* dropdown menu. Horizon HMO members can use any hospital in the Horizon Hospital Network.
- **Urgent care centers:** Choose *Other Healthcare Services* from the *What are you looking for?* dropdown menu, then select *Urgent Care Center* as the *Service Type*.

You can read patient reviews of in-network doctors in New Jersey and other doctors who participate with other Blue Plans using our **Physician Review Tool**. You can also submit your own reviews after visiting in-network doctors. Sign in to **HorizonBlue.com** and click *Get Care*, and then click *Physician Review*.

Remember: Services provided by doctors, other health care professionals, hospitals and facilities that do not participate in the Horizon Managed Care Network or the Horizon Hospital Network are not covered. You'll be responsible for the total cost of services you get from out-of-network health care providers, except in an emergency.

Benefit highlights

Health Care Services	You May Pay ¹	Limitations & Exceptions
Primary Care Physician (PCP) office visits	Copayment	PCP selection is required
Specialist office visits and consultations	Copayment	PCP referral is required
Other practitioner office visits	Copayment	PCP referral is required
Preventive care, screenings, immunizations	No Charge ²	PCP only: One routine physical per calendar year
Well child care, screenings, immunizations	No Charge	PCP only
Tests and Imaging		
Laboratory services ³	No Charge	Copayment if outpatient department is used
X-ray/radiology services	No Charge	Copayment if outpatient department is used
Hospital Services/Outpatient Surgery		
Hospital services	Copayment	Authorization required
Doctor/surgeon services	Copayment	Authorization required
Ambulatory surgical center	Copayment	Authorization required
Emergency and Urgent Medical Services		
Emergency Room services	Copayment	\$0 if admitted
Emergency Room services – health care professional	Copayment	\$0 if admitted
Emergency medical transportation (e.g., ambulance)	No Charge	Authorization required in nonemergency situations
Urgent care center	Specialist Copayment	
Behavioral Health and Substance Use Disorder Services		
Outpatient/inpatient services	Copayment	
Maternity Services		
Prenatal and postnatal care	Copayment	Initial visit only
Delivery and all inpatient services	Copayment	
Recovery/Special Health Services Exceptions		
In-home health care	No Charge	100 days per calendar year
Rehabilitation services	Copayment	

Benefit highlights (continued)

Skilled nursing facility – Extended care center	No Charge	60 days per calendar year
Durable medical equipment (DME)	Coinsurance	
Vision Care Services		
Eye exam	Specialist Copayment	One routine exam per benefit period
Frames/Lenses ⁴		Not covered
Other Covered Services		
Chiropractic care	Copayment	12 visits per year

¹ Refer to your Horizon BCBSNJ member ID card or SPD or Benefit Booklet for your specific copayment and coinsurance amounts and specific benefit information and exclusions, or call Member Services at **1-800-355-BLUE (2583)** with questions.

² For most members, preventive care services are not subject to a copayment.

³ Laboratory Corporation of America® (LabCorp), Quest Diagnostics (Quest) and AtlantiCare Clinical Laboratories are Horizon BCBSNJ's participating testing facilities. If you use a testing facility other than LabCorp, Quest or AtlantiCare Clinical Laboratories **your tests will not be covered and you will have to pay the total cost of services.**

⁴ There is a \$50 or \$100 reimbursement if the Rider is purchased for vision hardware.

Limitations and exclusions

A referral from your PCP is required for most specialty care and nonemergency hospitalizations.

Prior authorization: Under your plan, Horizon BCBSNJ must authorize all nonemergency hospitalizations and some specialty care services (except for routine Ob/Gyn) before you receive these types of services.

Non-covered services: Your Horizon HMO plan does not pay for services or supplies that are not covered under your policy. If there is a discrepancy between the information contained in your SPD or Benefit Booklet and this Member Handbook, your SPD or Benefit Booklet will prevail. Please refer to your SPD or Benefit Booklet for more details or call Member Services at **1-800-355-BLUE (2583)**.

What if you get a medical bill?

Whenever you see an in-network PCP or other health care professional, you'll be asked for a copayment, if one applies. For all other charges, your PCP should bill us directly by filing a claim. After we process your claim, we will generate a Horizon BCBSNJ Explanation of Benefits (EOB), which will explain how much we paid and how much you may owe.

You can view your claims and EOBs through the **Horizon Blue app** or by signing in at **HorizonBlue.com** and clicking *Claims*. To see the details of your claim on your EOB, click *View PDF*.

You may receive a bill from your PCP for your share of costs, including coinsurance plus any covered amount that goes toward meeting your deductible. Before you pay your bill, check it against your EOB.

3. Getting Routine Care

Choosing your Primary Care Physician (PCP)

If you haven't done so already, selecting your PCP is one of the first things you must do. Your PCP is the doctor who will know your medical situation and coordinate your care. Under your Horizon HMO plan through the Away From Home Care Program, you are required to choose a PCP who accepts the Horizon HMO plan.

All in-network doctors must meet Horizon BCBSNJ's credentialing standards. To find a PCP, use the **Horizon Blue app** or search our *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder. Choose *Horizon HMO* from the *Choose a Plan to Start* dropdown menu to begin your search or call Member Services at **1-800-355-BLUE (2583)**.

PCP Responsibilities

The doctor you choose as your PCP will handle most of your medical care in his or her own office. He or she will:

- Perform most of your annual wellness and preventive health exams
- Take care of your urgent and emergency care needs when possible
- Refer you to an in-network specialist when medically necessary
- Get referrals and prior authorizations from Horizon BCBSNJ for medically necessary services
- Help coordinate the care you get from other doctors to whom you have been referred
- Be available on call (or appoint a covering doctor), 24 hours a day, seven days a week

Selecting or Changing your PCP

You are required to make us aware of your PCP selection either online or by phone. You can also change your PCP at any time, either online or by phone.

To select or change your PCP:

Online

Sign in at HorizonBlue.com and click *Profile & Settings* in the upper-right corner. Next, click *Primary Care Physician* and then *Change Doctor*. You will be redirected to our *Online Doctor & Hospital Finder*, where you can search *All PCPs*. Update your search criteria as needed, and click *Search*. Once you have selected a doctor for your care, click *View Profile*. At the top of the screen, click *Modify Selection* to update your PCP.

By phone

If you do not have online access, call Member Services at **1-800-355-BLUE (2583)** to have information about in-network doctors sent to you.

When you're ready, call Member Services at any time to change your PCP through our Interactive Voice Response system. Or call Monday, Tuesday, Wednesday and Friday, between 8 a.m. and 6 p.m., ET, and on Thursday, between 9 a.m. and 6 p.m., ET, to speak with a Member Services Representative to change your PCP.

When can I see my new PCP?

Once you make a change, we will send you a confirmation of your new PCP selection. You may see your new PCP 14 days after notifying us of the change.

Medical records

Have your medical records transferred to your newly selected PCP. You can do this by completing the *Request to Transfer Medical Records* form available on [HorizonBlue.com/medicalrecordstransferform](https://www.horizonblue.com/medicalrecordstransferform). There may be a cost from your former doctor to transfer your records.

Access to care standards

To help make sure you can get the medical care you need when you need it, we developed Physician Access Standards for in-network PCPs and Ob/Gyns.¹ These health care professionals follow our Physician Access Standards when scheduling appointments with you.

Emergency Care – Immediate care

Refers to a *medical condition of such severity that a prudent layperson would seek for immediate medical attention and care*. To learn more, please see **Section 4: Getting Urgent & Emergency Care** beginning on page 16.

Urgent Care – Care within 24 hours

Refers to medically necessary care for an unexpected illness or injury.

Routine Care – Care within two weeks

Any condition or illness that does not require urgent attention or is not life-threatening, as well as routine gynecological care.

Routine Physical Exam – Care as soon as possible, but not to exceed four months from the date of your call

Refers to annual physical exams, as well as routine gynecological exams, for new and established patients.

¹ Applies to doctors who are directly under contract with Horizon BCBSNJ.

How to get specialty care

A specialist is a doctor who *specializes* in taking care of a particular bodily system or disease. Cardiologists (heart care) and oncologists (cancer care) are two common types, but there are many more types of specialists.

Under your Horizon HMO plan through the Away From Home Care Program, a referral from your PCP is needed to see a specialist in the network.

Referrals

Referrals play an important role in helping your PCP manage your care and coordinate the different care you may need so you get the highest level of benefits from your health plan. If you need specialty care, your PCP refers you to a specialist.

You do not have to bring a paper copy of the referral to the *referred* to doctor or facility. That doctor or facility can see this information online. However, if you'd like, you can ask your PCP to give you a copy of the referral confirmation, or you can print a copy by signing in at **HorizonBlue.com**. Then:

- Click *Benefits & Coverage*.
- Click *Authorization & Referrals*.

Referrals for mental health and substance use disorder care

Please see page 16 for more information about referrals for mental health and Substance Use Disorder care.

Office waiting time

Horizon BCBSNJ's PCPs and other in-network doctors are expected to keep office waiting room time to 30 minutes or less from the time of your scheduled appointment or when you arrive at the office, whichever is later. If your wait is longer than 30 minutes, you should be given the choice to reschedule or continue waiting.

Nights and weekends

Your PCP should be reachable 24 hours a day, seven days a week. When your PCP is not available, he or she should refer you to a covering doctor who can help you. This includes if your PCP is unavailable during his or her normal business hours.

If you believe your condition requires emergency care, follow the medical emergency procedures in **Section 4: Getting Urgent & Emergency Care** beginning on page 16.

Have a medical question? Call the 24/7 Nurse Line.

When you have a medical question and it's not an emergency, our 24/7 Nurse Line¹ is ready to help at no cost to you.

The 24/7 Nurse Line is available 24 hours a day, seven days a week to help you understand a medical problem, review treatment options, answer questions about medicine, help with questions to ask your PCP and more. Our registered nurses will answer your questions and help direct you to the appropriate level of care or provide self-care tips so you can take care of your symptoms at home and feel better faster.

Call the 24/7 Nurse Line at **1-888-624-3096**. All calls are confidential.

¹ Nurses cannot diagnose problems or recommend specific treatment. They are not a substitute for your doctor's care. In an emergency or if you believe you have a life-threatening medical situation, please go to the nearest hospital or call **911**.

Prior authorization

Prior authorization means that Horizon BCBSNJ must approve certain specialty services, ancillary, elective inpatient and other additional elective services before you receive them. Without prior authorization, you might get services that are not covered by your plan, leaving you responsible for the total cost of that care.

To find out if you need prior authorization for a specific service, sign in at **HorizonBlue.com**. Then:

- Click *Benefits & Coverage*.
- Click *What's Covered*.
- From the dropdown menu marked *Service You May Need*, select the applicable benefit, supply or service type.

How to get a lab test

Laboratory Corporation of America (LabCorp), Quest Diagnostics (Quest) and AtlantiCare Clinical Laboratories¹ are the in-network clinical laboratory providers for members enrolled in Horizon HMO. This means your eligible lab services are covered only if you use a LabCorp, Quest or AtlantiCare lab. When you need clinical laboratory tests, your PCP may collect specimens at his or her office for testing by an in-network lab, or send you to a LabCorp, Quest or AtlantiCare patient service center.

If you go to an in-network patient service center, be sure to bring your Horizon BCBSNJ member ID card, as you may be asked to complete forms.

If you get a bill from LabCorp, Quest or AtlantiCare Clinical Laboratories, please call Member Services.

If you use a testing facility other than LabCorp, Quest or AtlantiCare Clinical Laboratories, your tests will not be covered and you will have to pay the total cost of the lab services.

¹ AtlantiCare Clinical Laboratories work with LabCorp.

How to find a lab

LabCorp Patient Service Center: labcorp.com/psc.

Quest: questdiagnostics.com/appointments.

AtlantiCare Clinical Laboratories:

atlanticare.org/index.php/clinical-laboratories.

How to get an X-ray or imaging scan (radiology)

Horizon BCBSNJ works with eviCore healthcare¹ for non-emergency outpatient radiology and diagnostic imaging services. eviCore healthcare will help schedule and manage your outpatient radiology and diagnostic imaging, determine whether a service is medically necessary and confirm a location for the service.

Scheduling your tests

If your PCP decides that you need an X-ray or scan, he or she will ask you to call eviCore healthcare's Scheduling Line at **1-866-969-1234**.

Representatives are available Monday through Friday, between 7 a.m. and 7 p.m., ET.

The eviCore healthcare scheduling staff will coordinate with the in-network imaging center of your choice to schedule your exam and provide you with a confirmation number. You won't need a referral for most radiology services.

If you schedule radiology services at a hospital outpatient department, your PCP must provide you with a referral form. You can make an appointment at a hospital outpatient department through eviCore healthcare's Scheduling Line, but eviCore healthcare cannot issue a confirmation number for a referral to a hospital outpatient department.

Advanced imaging services

Your PCP must call eviCore healthcare before you get these services:

- CT/CTA scans
- Diagnostic left-heart catheterization
- Echo stress tests
- Echocardiograms
- MRIs/MRAs
- Nuclear medicine studies (including nuclear cardiology)
- PET scans

For more information about X-rays and imaging, please refer to your SPD or Benefit Booklet for coverage details.

¹ eviCore healthcare is independent from and not affiliated with Horizon BCBSNJ.

What if you need to be hospitalized?

Your Horizon HMO plan offers coverage at **in-network** hospitals in New Jersey and in certain Pennsylvania and Delaware counties.

Check the **Horizon Blue app** or the *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder to find an in-network hospital.

Except for emergency care, services provided by hospitals that do not participate in the Horizon Hospital Network are not covered. You'll be responsible for the total cost of any services you get from out-of-network hospitals except in an emergency.

For details about hospital coverage and your out-of-pocket costs under your plan, please refer to your SPD or Benefit Booklet.

Hospital Stays and Prior Authorization

If you need to be hospitalized, your PCP or in-network specialist must contact us for prior authorization. Once your hospital stay has been authorized, we will give your PCP or specialist a prior authorization number.

It is your responsibility to ensure that all authorizations and referrals are on file with Horizon BCBSNJ prior to having services rendered for any elective services.

If you need emergency care, go directly to the nearest hospital or emergency facility without worrying about in-network status or call **911**. If you are admitted to the hospital, you or the hospital's admitting staff need to call Horizon BCBSNJ to let us know.

How to get help with a chronic or serious health condition

Chronic Care Program

Our Chronic Care Program helps members who have chronic conditions take better care of their health, understand their care choices and improve their well-being. This program is available at no added cost to eligible members who have:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Diabetes
- Heart Failure

For more information or to enroll:

- Visit **HorizonBlue.com/ccp-enroll**.
- Or, call **1-888-334-9006**, Monday through Friday, between 8 a.m. and 7 p.m., ET. If you use TTY services, please call **711** during the same hours.

Case Management Program

If you're diagnosed with a serious medical condition or need major surgery, you may be eligible for our Case Management Program.

Think of your Care Manager as your link to Horizon BCBSNJ, helping you navigate your coverage to get the right care at what could be a difficult, stressful time. Each Care Manager is a registered nurse who is trained to help you examine your options for available specialists, hospitals and medical care, while maximizing your health plan benefits.

If you face a challenging medical condition, let our Care Managers help – at no additional cost to you – by calling **1-888-621-5894**, option **2**, Monday through Friday, between 8 a.m. and 5 p.m., ET. If you use TTY services, please call **711** during the same hours.

What if you become pregnant?

If you become pregnant, your Horizon BCBSNJ health plan will be with you and your obstetrician every step of the way, with comprehensive prenatal and maternity coverage.

Partnering with your Ob/Gyn

Horizon BCBSNJ supports the American College of Obstetricians and Gynecologists' recommendation for 12 obstetrical visits during a normal pregnancy. Your obstetrician will decide how many visits are right for you.

If your obstetrician decides you need more specialized care, you may be referred to a Horizon BCBSNJ Care Manager. Your Care Manager, a registered nurse, will help ensure that you and your unborn baby have the most appropriate care. To learn more about our case management services, please call **1-888-621-5894**, option **2**.

Maternity hospital stays

New mothers are certified for a hospital stay of 48 hours following a vaginal delivery or 96 hours following a cesarean section (c-section) delivery. Your hospital stay may be extended if your doctor thinks it's medically necessary. To be covered, your doctor will need to contact us for approval of the additional days.

Your doctor may decide that you're ready to leave the hospital early – within one day after a vaginal delivery or within two days after a c-section delivery.

If you do leave early, you are eligible for a home care visit to support your move from hospital to home. To be covered, your Ob/Gyn must schedule the visit to occur within seven days for a nurse/lactation consultant and 14 days for a home health aide, after you've left the hospital.

Enrolling your newborn

Remember to contact your Home Blue Plan to enroll your newborn under your plan **and** the Away From Home Care Program. Your newborn will **not** be automatically enrolled in coverage.

Your Home Blue Plan is the Blue Plan you originally enrolled in, not Horizon BCBSNJ.

PRECIOUS ADDITIONS®

As an expectant parent, you may have questions and concerns about your pregnancy and delivery. PRECIOUS ADDITIONS can help you make healthy and safe choices during this special time. When you enroll in PRECIOUS ADDITIONS, you will get information about pregnancy, childbirth, the postpartum period and your child's first year of life.

You also have access to My Pregnancy Assistant through our WebMD® suite of online tools. Moms-to-be and their partners can set goals, read articles, take quizzes and participate in online activities. My Pregnancy Assistant, accessible when you sign in at **HorizonBlue.com**, joins the resources PRECIOUS ADDITIONS offers to you, including:

- Phone support through Maternity Health Coach and 24/7 Nurse Line
- Specialized phone support through Case Management
- Discounts through the Blue365® discount program
- Postpartum information
- eBook from the Mayo Clinic

To learn more and enroll, please visit **HorizonBlue.com/preciousadditions** or call Member Services at the number on the back of your member ID card.

Maternity Health Coach

Maternity Health Coaches are available through the 24/7 Nurse Line. These registered nurses provide one-on-one counseling and educational support to help address your:

- Pregnancy concerns
- Health issues that might affect your pregnancy or delivery
- Questions that you may have before and after your pregnancy

Your Maternity Health Coach will help you throughout your pregnancy so you can feel comfortable about the healthy choices you make for you and your baby.

You can reach a Maternity Health Coach at **1-888-624-3096**, option **3**, Monday through Friday, between 8 a.m. and 8 p.m., ET.

Mental Health and Substance Use Disorder treatment

Your Horizon HMO plan through the Away From Home Care Program includes coverage for behavioral health services – including mental health and Substance Use Disorder.

The Horizon Behavioral HealthSM care team will help you find the right care through an extensive network of health care professionals and facilities, community organizations, technology and educational materials, including access to:

- Substance use treatment programs and recovery support
- Individual and group therapy
- Crisis intervention and mental health treatment
- Digital coaching programs
- Autism care management services

24/7 Support

For help accessing your behavioral health benefits¹, call **1-800-626-2212**, 24 hours a day, seven days a week. This number is also on the back of your Horizon BCBSNJ member ID card. All calls are confidential.

Horizon BCBSNJ covers medically necessary inpatient and outpatient treatment of Substance Use Disorder at in-network facilities. To find in-network facilities, visit the *Online Doctor & Hospital Finder* or call **1-800-626-2212**, 24 hours a day, seven days a week.

¹ Due to the confidential nature of these services, you may need to authorize the disclosure of treatment information during or after your course of treatment. Authorization might also be needed to allow any individual (including family members) to access your mental health/Substance Use Disorder treatment information.

4. Getting Urgent & Emergency Care

Urgent care

You may experience an urgent medical condition – one that can't wait for a normal appointment but is not a true medical emergency, either.

Your urgent care options:

Your PCP

Call first, especially if you're not sure it's really an emergency. Your PCP may tell you how to treat the condition yourself, send you to the nearest urgent care center or make an appointment to see you as soon as possible.

Our 24/7 Nurse Line¹ (1-888-624-3096)

The 24/7 Nurse Line is always available to answer your medical questions.

When you call, a registered nurse will help you decide whether a condition is urgent or a true medical emergency. *Please see below for more information about medical emergencies.*

Urgent Care Center

An urgent care center is a good alternative when you need care right away and you can't get to your PCP's office. You'll probably have a much shorter wait for non-critical care than at an Emergency Room (ER) and your out-of-pocket costs may be less.

To find an in-network urgent care center, go to [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder), click *Other Healthcare Services* and select *Urgent Care Center* as the *Service Type*.

¹ Nurses cannot diagnose problems or recommend specific treatment. They are not a substitute for your doctor's care. In an emergency or if you believe you have a life-threatening medical situation, please go to the nearest hospital or call **911**.

Emergency care

In general, an emergency is defined as *a medical condition of such severity that a prudent layperson with average knowledge of health and medicine would seek immediate medical attention.*

If you reasonably believe that a condition is a medical emergency:

- 1. Go directly to the nearest ER, or call 911.**
- 2. Call your PCP.** In some situations, you may be able to call your PCP before you go to the ER. If you can't, call as soon as reasonably possible, or ask a family member or friend to call. It is important that your PCP be kept aware of your condition. Without this information, your PCP cannot coordinate your care.

You do not need to call Member Services to notify us of a medical emergency, unless you are admitted to the hospital.

Is it really an emergency?

Knowing the difference between urgent care and a medical emergency can save you time and money.

Urgent care situations include:

- Earache
- Moderate fever
- Sore throat
- Sprains

This is not a complete list of urgent care situations. For these and other common medical conditions, call your PCP or visit an urgent care center.

Medical emergencies include:

- Heart attacks and strokes
- Loss of consciousness
- Obvious bone fractures
- Poisoning
- Severe burns
- Wounds requiring sutures

This is not a complete list of emergency situations. For these and other serious or life-threatening conditions, seek immediate treatment by going to the nearest ER or calling **911**.

Medical emergency screening exam

Sometimes, you may not be sure if your condition requires emergency care. Your plan covers a medical emergency screening exam, which is an evaluation performed in a hospital ER by qualified health care personnel, to determine if a medical emergency exists. We'll cover the cost of the medical emergency screening exam. If the exam determines that an emergency does not exist, please follow up with your PCP.

If you continue to receive care at the ER after you have been advised that your condition is not a medical emergency, you will have to pay the total cost for any non-emergency-related services you receive.

ER copayments

Even if your PCP refers you to the ER, you'll have an ER copayment and you may also be responsible for a coinsurance amount. But if you're admitted to the hospital as an inpatient within 24 hours, we'll waive the ER copayment.

Follow-up care after an ER visit

When you are discharged from the ER, contact your PCP, who should coordinate all medical emergency follow-up care. You do not need to call Member Services after you visit the ER.

Out-of-network coverage

Your Horizon HMO plan through the Away From Home Care Program does not include out-of-network coverage for non-emergency services.

You must use in-network hospitals for care, unless you have a medical emergency. In an emergency, call **911** or go to the nearest ER without worrying about network status.

Visit [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder) to find an in-network hospital.

5. Taking Care of Yourself

One of your most important Horizon BCBSNJ benefits is your wellness and preventive care coverage. Taking advantage of covered preventive care services – screenings, checkups and counseling – may improve your health and help you avoid illness. Early detection of any illness offers your best chance of recovery. When you see your PCP, routine preventive care is available at no additional cost to you.

We encourage you to visit your PCP for your annual physical exam and preventive care services. Your PCP may order tests and X-rays, refer you to an in-network specialist or arrange for other services, if needed.

Well care and preventive care coverage includes:

- Annual physical exams
- Well child care (including immunizations and lead screenings)
- Cancer screenings (including colorectal, breast, cervical and prostate screenings)
- Tests (laboratory work, X-rays)
- Annual dilated retinal exams for members who have been diagnosed with diabetes

Preventive health guidelines

Horizon BCBSNJ wants to help members get and stay healthy. Talk with your PCP about which screenings and immunizations are right for you.

Here's where to start:

- Schedule an annual physical exam.
- Ask your doctor about any additional screenings, examinations and immunizations that may be appropriate for you.

For a complete list of the preventive health guidelines:

- Visit [HorizonBlue.com/gethealthy](https://www.horizonblue.com/gethealthy).
- Click *Preventive Health Guidelines*.

Please refer to your SPD or Benefit Booklet for more details to find out which services and supplies are covered under your Away From Home Care benefits. You can also sign in at [HorizonBlue.com](https://www.horizonblue.com). Then:

- Click *Benefits & Coverage*.
- Select *What's Covered*.
- Select the preventive service from the *Service You May Need* dropdown menu.

Notes:

- Horizon BCBSNJ's preventive health guidelines are continually reviewed and may change.
- Always discuss your particular preventive care needs with your PCP. Your PCP will help you decide which preventive care services are right for you.
- Some of the services and supplies described in the preventive health guidelines may not be covered benefits under your health plan.

Horizon Wellness

We take your health and wellness seriously and believe that wellness is key to happiness. We offer programs and support for better health beyond the doctor's office to make it easier for you to set and achieve your wellness goals.

My Health Manager, powered by WebMD

Sign in to **HorizonBlue.com** and choose *Wellness* to access *My Health Manager*. If you're looking to make a change you can measure, use *My Health Manager's* series of online wellness programs to:

- Conquer stress
- Enjoy exercise
- Eat better
- Feel happier
- Lose weight
- Quit tobacco

You can also access WebMD's extensive library of news to research your health questions, and stay up-to-date on topics that interest you by setting your preferences.

Blue365¹

Get healthy living discounts from top national and local retailers delivered weekly right to your inbox. You'll get deals on:

- Financial Health: Cell phone service plans, home mortgages and more
- Fitness: Memberships, special events and apparel
- Healthy Eating: Weight-management programs and specialty food services
- Lifestyle: Hotels, retailers and more
- Personal Care: Products and services that can keep you looking and feeling good
- Wellness: Services designed to help you live a healthier life

Sign up at **HorizonBlue.com/blue365**.

¹ Blue365 offers access to savings on items and services that members may purchase directly from independent vendors. The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365 vendor or discounted item or service.

6. Important Notices

Your rights

As a Horizon BCBSNJ member, you have the right to:

- Be provided with information in a way that works for you (in languages other than English and in alternate formats such as large print). If you need help understanding this Horizon BCBSNJ information, you have the right to get help in your language at no cost to you. To speak to an interpreter, call **1-800-355-BLUE (2583)** during normal business hours.
- Ensure timely access to covered services and medications, as applicable.
- Receive information about Horizon BCBSNJ and its services, policies and procedures, products, doctors, appeals procedures, member rights and responsibilities, coverage limitations and other information about the organization and the care provided.
- Be provided with the information needed to understand your benefits and obtain care.
- Receive prompt notification of termination of your PCP, if applicable, or material changes in benefits, services or network within 30 days prior to the date of any change or termination, as appropriate.
- Obtain information about whether a referring doctor has a financial interest in the facility or services to which a referral is being made.
- Choose and change your PCP, as applicable, within the limits of your benefits and the doctor's availability.
- Go to an Emergency Room without prior approval when it appears to you that serious harm could result from not obtaining immediate treatment.

Your responsibilities

As a Horizon BCBSNJ member, you have the responsibility to:

- Read and understand this handbook, your policy and all other materials about your plan and coverage.
- Be considerate and courteous to doctors and staff.
- Coordinate most non-emergency care through your PCP, if applicable.
- Provide, to the extent possible, information regarding your health that Horizon BCBSNJ and its participating doctors and other health care professionals need in order to care for you.
- Follow the plans and instructions for care that you agreed upon with your doctors. If you choose not to comply, you should advise your doctor.
- Pay for charges, including copayments, deductibles and coinsurance as stated in your plan, as well as for any charges you incur for noncovered care.

- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

This is a partial list of your member rights and responsibilities.

For a complete list, and more information about your relationship with Horizon BCBSNJ, please visit [HorizonBlue.com/rights](https://www.horizonblue.com/rights) or call Member Services.

How to make inquiries, complaints and appeals

We're dedicated to giving you access to quality health care and service. Your plan offers inquiry, complaint and appeal processes designed to provide a prompt response and resolution to all requests, including:

- Medical issues
- Our utilization management decision making
- Other nonutilization management issues

If you are dissatisfied with any aspect of your health plan, you, a doctor or other health care professional or authorized representative, acting on your behalf (and with your consent), may file an inquiry, complaint or appeal with Horizon BCBSNJ. Call Member Services at **1-800-355-BLUE (2583)**. If you use TTY services, please call **711**. Or, you may write to us. The address for inquiries and complaints is available at [HorizonBlue.com/inquiries](https://www.horizonblue.com/inquiries).

No member or doctor, or other authorized representative, who makes an inquiry, files a complaint or pursues an appeal will be subject to disenrollment, discrimination or penalty by Horizon BCBSNJ.

Coordinating benefits with other health coverage

This Horizon HMO plan through the Away From Home Care Program does not coordinate benefits with any other insurer, with the exception of traditional Medicare.

Results of independent satisfaction surveys

You can get results of independent consumer satisfaction surveys and analysis of quality outcomes for health care services provided under managed care plans in New Jersey.

Call **1-609-292-5427** or mail your request to:

**Actuarial Bureau
Department of Banking and Insurance
20 West State Street, 11th Floor
PO Box 325
Trenton, NJ 08625-0325**

Continuation-of-care benefits

If you are receiving covered services (other than obstetrical care, post-operative care, oncological treatment or psychiatric treatment) from a terminated health care professional who was under contract with us at the time your treatment started, you may continue care or services with that health care professional for up to four months when medically necessary.

If you are receiving obstetrical care, post-operative care, oncological treatment or psychiatric treatment from a terminated health care professional who was under contract with us at the time your treatment started, you may continue to be treated by that health care professional for the duration of the treatment or care as follows:

- **For pregnancy:** Coverage of services will continue through the postpartum evaluation, up to six weeks after delivery.
- **For post-operative follow-up care:** Coverage of services may continue for up to six months from the date of termination of the doctor or other health care professional.
- **For oncological treatment:** Coverage of services may continue for up to one year from the date of termination of the doctor or other health care professional.
- **For psychiatric treatment:** Coverage of services may continue for up to one year from the date of termination of the doctor or other health care professional.

These guidelines won't apply if the health care professional is terminated immediately under any of these circumstances:

- In the opinion of Horizon BCBSNJ's medical director, the health care professional is an imminent danger to a patient or the public health, safety and welfare.
- There has been a determination of fraud or a breach of contract by the health care professional.
- The health care professional is the subject of disciplinary action by the State Board of Medical Examiners.

Please call Member Services if you have questions about your continuation-of-care benefits. As always, your benefits are subject to policy limits and normal Horizon BCBSNJ policies and procedures, including prior authorization and utilization management requirements.

Medical technology

We regularly review new medical technology to decide if it is eligible for coverage. Our review incorporates input from the professional and medical community (including medical practitioners in New Jersey),

as well as the research results published in the medical literature. We also review our current policies related to existing technology and amend them as appropriate.

Physician compensation

In general, Horizon BCBSNJ pays in-network PCPs and other health care professionals in two ways:

- **Fee-for-Service:** Payment for services each time a member is seen or treated
- **Capitation:** Payment of a monthly per-patient fee, whether or not a member receives services in any given month

These payment methods may include financial incentive agreements to pay some doctors more (rewards) or less (withholds), based on many factors, including member satisfaction, quality of care, control of costs and use of services.

You have the right to ask your PCP and other health care professionals about how they are compensated for their services by Horizon BCBSNJ so you will know if there could be any financial incentives or disincentives tied to their medical decisions.

To learn more about how PCPs and other health care professionals in our network are compensated, please call us at **1-800-355-BLUE (2583)** or write to us at **Horizon HMO Plan, PO Box 820, Newark, NJ 07101-0820**. The laws of the state of New Jersey at N.J.S.A. 45:9-22.4 et seq., require that a doctor, chiropractor or podiatrist, who is permitted to make referrals to other health care professionals or facilities in which he or she has a significant financial interest, inform his or her patients of that financial interest when making such a referral.

For more information about compensation, ask your doctor, chiropractor or podiatrist. If you believe that you are not receiving the information to which you are entitled, you may call the New Jersey Division of Consumer Affairs at **1-800-242-5846** or **1-973-504-6200**.

Utilization management

Horizon BCBSNJ's Utilization Management (UM) Program monitors your health care – the care you receive and the care your PCP recommends for you – to assess its medical necessity and appropriateness. UM also lets us help PCPs manage the care they provide in medically appropriate and cost-effective ways.

Through UM, we identify best practices that produce high-quality care and health outcomes, and share that knowledge with members, in-network doctors, health care professionals and employers through continuing education. In particular, we watch for:

- **Underutilization:** Not getting annual checkups or preventive vaccinations as recommended
- **Overutilization:** Getting medical care, medicines, laboratory testing or surgical procedures when they are not medically necessary

Our UM principles

- We make UM decisions based only on the necessity and appropriateness of care and services within the provisions of the member's benefit package.
- We don't compensate anyone responsible for UM decisions in a way that rewards him or her for denying coverage for medically necessary and appropriate covered services.
- We don't offer incentives to anyone responsible for UM determinations to encourage denials of coverage or services, and we don't provide financial incentives to doctors to withhold covered health care services that are medically necessary and appropriate.
- We emphasize the delivery of medically necessary, appropriate and cost-effective health care services to members, and we encourage the reporting, investigation and elimination of underutilization.

Our UM staff is available by calling the toll-free number on the back of your member ID card, Monday through Friday, between 8 a.m. and 5 p.m., ET. Our on-call staff is also available for emergency requests after normal business hours, including weekends and holidays. If you use TTY services, please call **711**.

Keeping up to date with our privacy practices

Horizon BCBSNJ and its affiliated companies reserve the right to change the terms of the *Notice of Privacy Practices* and to make the new *Notice of Privacy Practices* provisions effective for all information that we maintain. Our policies may change as we periodically review and revise them. We will provide you with a new *Notice of Privacy Practices* if the changes are significant, as long as you maintain an ongoing insured customer relationship with us. A copy of our *Notice of Privacy Practices* can be found at **[HorizonBlue.com/privacy-policy](https://www.horizonblue.com/privacy-policy)**.

Privacy Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ and its affiliated companies by calling Member Services at **1-800-355-BLUE (2583)**, or by writing to **Privacy Office, Three Penn Plaza East, PP-16C, Newark, NJ 07105-2200**.

You may also direct your complaint to the U.S. Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Information in other languages

Horizon Blue Cross Blue Shield of New Jersey complies with applicable federal civil rights laws and does not discriminate against nor does it make people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, genetic identity, sex, sexual orientation or gender status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides benefits 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., interpretation or other languages) to ensure equitable delivery of services.

Contacting Member Services

Horizon Member Services (1-800-355-BLUE (2592) (TTY 711) or the phone number on the back of your member ID card, if you need the article and services read aloud and for all other Member Services issues.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free accommodations and services as discussed in a plan you file 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 filing 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 also have the right to file a 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 <http://portal.hhs.gov/ocr/portal/lobby.jspx> or by mail at U.S. Department of Health and Human Services, 200 Lakeside Drive, Avenue, SW, Room 509F, IIIIII Building, Washington, DC, 20201 or by phone at 1-800-368-1019 or 1-800-527-7697 (TDD). OCR Complaint forms are available at www.hhs.gov/ocr/office/fk/index.html.

Language assistance

Si hablas un idioma diferente al inglés, hay ayuda disponible gratis. El personal siempre que necesite al servicio de un idioma de identificación.

如果您說的不是英語，我們提供免費的語言協助服務。請隨時告知我們您的語言需求。

Если вы говорите на другом языке, мы предоставляем бесплатную языковую помощь. Сообщите нам о своих языковых потребностях.

Se você fala um idioma diferente do inglês, há ajuda disponível gratuita sempre. Ligue para o número no verso do seu cartão de identificação. Se você habla un idioma diferente del inglés, hay ayuda disponible gratuita siempre. Llame al número en el reverso de su tarjeta de identificación.

જો તમે અન્ય કોઈ ભાષામાં વાતચીત કરવા માટેની જરૂર હોય છે, તો અમારા મુક્ત સેવાઓનો ઉપયોગ કરી શકો છો. કૃપા કરીને અમારા સભ્ય ID કાર્ડના પાછળના ક્રમાંકનો સંપર્ક કરો.

જો તમે અન્ય કોઈ ભાષામાં વાતચીત કરવા માટેની જરૂર હોય છે, તો અમારા મુક્ત સેવાઓનો ઉપયોગ કરી શકો છો. કૃપા કરીને અમારા સભ્ય ID કાર્ડના પાછળના ક્રમાંકનો સંપર્ક કરો.

Kept supported by language interpretation services, including sign language and hearing relay. Turn to the reverse side of your member ID card.

Don't see your language in our list? We can help! Call us at 1-800-355-BLUE or visit www.horizonbcbsnj.com for a complete list of supported languages and ID cards.

Si el idioma de tu lengua no está en la lista, ¡no te preocupes! ¡Podemos ayudarte! ¡Llámanos al número en el reverso de tu tarjeta de identificación!

જો તમારું ભાષાનું નામ અમારા ટીપ્પણીમાં નથી, તો ચિંતા કરવાની જરૂર નથી. અમારા સભ્ય ID કાર્ડના પાછળના ક્રમાંકનો સંપર્ક કરો.

Não tem o idioma que precisa no nosso idioma? Não se preocupe! Nós podemos ajudar! Ligue para o número no verso do seu cartão de identificação.

Si no ves tu idioma en nuestra lista de idiomas, ¡no te preocupes! ¡Podemos ayudarte! ¡Llámanos al número en el reverso de tu tarjeta de identificación!

જો તમે અમારા ટીપ્પણીમાં તમારું ભાષાનું નામ જોઈ શકો છો, તો અમારા મુક્ત સેવાઓનો ઉપયોગ કરી શકો છો. કૃપા કરીને અમારા સભ્ય ID કાર્ડના પાછળના ક્રમાંકનો સંપર્ક કરો.



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