



2019 Health Plan Guide

Individual and Family Health Insurance Coverage

HorizonBlue.com/Shop





WE'RE NEW JERSEY'S #1 CHOICE
FOR HEALTH INSURANCE.

Some of the reasons we're #1:

Access to leading providers.

Our network includes some of New Jersey's leading hospitals, doctors, community health centers and facilities near you.

Members are connected to more care.

Horizon Blue Cross Blue Shield of New Jersey (BCBSNJ) has online tools and programs that connect you to more care for less.

We have plans that keep your costs low.

With Horizon BCBSNJ, you can have low copays and deductibles and an insurer that's working to keep health care affordable in New Jersey.

You can get valuable, innovative extras.

Good health is a lot more than doctor visits and coverage. Horizon BCBSNJ has extras to keep you at your best.

We've covered New Jersey for more than 85 years.

Horizon BCBSNJ was designed for New Jersey, and no one has more experience specific to the state we proudly call home.

J.D. Power ranks us highest because our members do.

J.D. Power, a global market research firm known for its customer satisfaction surveys, awarded Horizon BCBSNJ "Highest Member Satisfaction among Commercial Health Plans in New Jersey, 2 Years in a Row."



For J.D. Power 2018 award information, visit jdpower.com/awards

New for 2019: NJ Mandate

We offer a variety of affordable plans, so that everyone can get the coverage they need and avoid paying a penalty. This is especially important considering the new state law that requires residents of New Jersey to have health insurance beginning January 1, 2019, or pay a penalty (2.5% of household income or a per-person charge, whichever is higher).

To learn more, visit
HorizonBlue.com/njmandate



SIMPLIFYING HEALTH CARE AND MAKING IT MORE CONVENIENT.



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

NEW Horizon Blue App.

Now, you can use the Horizon Blue app to manage your health. It's another way we're helping members get what they need, when they need it.

All your benefits and functions in one app.

Need quick answers about costs for in- and out-of-network services, the status of your claims or your Health Savings Account balance? The Horizon Blue app does that and more.

Everything is integrated, even 24/7 care.

Get help with appointment scheduling, 24/7 health advice from a nurse, video chat with a doctor anytime, get a prescription if needed, all in the comfort of your home.



For members of
Horizon

NEW Sanitas Medical Centers

Sanitas Medical Centers are part of your community.* You can expect care and services in your language and grounded in your unique culture.

You'll get more time for your health.


Sanitas doctors get to know you, earn your trust and take the time they need to explain everything to you, in Spanish or English.

Sanitas is ready when you are.

You can get same-week appointments, and same-day imaging, tests and labs with on-site facilities. Walk-ins are welcome for urgent care. For more information visit mysanitas.com/nj

*Other providers are available in our network.

OMNIA_{SM} HEALTH PLANS OFFER EXCEPTIONAL BENEFITS.



“...the most affordable package that suited my family’s needs.”

– Keith, OMNIA Health Plan Member

Our OMNIA_{SM} Health Plans have more doctors in New Jersey than any other insurer.*

You'll have affordable access to the quality doctors and hospitals, all for a competitive monthly premium. OMNIA Health Plans offer you a complete health care experience.

No referrals needed.

Choose from more than 45,000 doctors and specialists in New Jersey and 82 hospitals in 100 convenient locations, including parts of Pennsylvania and Delaware. You'll save even more on out-of-pocket costs with more than 32,000 OMNIA Tier 1 doctors and some of the state's leading hospitals for a low copay and deductible.*

OMNIA Customer Service Associates.

You can speak with dedicated associates specially trained to help with everything from finding a doctor to explaining your OMNIA Health Plan benefits.

*Based on physician data as of 8/1/2018 and is subject to change.

OMNIA Health Plan Members also get:

More convenient bill-pay options.

Choose whatever works for you: set up automatic monthly premium payments or pay by checking account, debit card, credit card, phone, mail or MoneyGram.

Money back on gym memberships.

When OMNIA Health Plan members do their part to stay fit, we help. Get reimbursed up to \$240 per year at participating fitness facilities with HorizonbFitSM.

Exclusive discounts with Blue365[®].

OMNIA Health Plan members save on popular brands of fitness trackers, nutrition programs, baby gear and more.

Streamlined member website.

Pay your premium, live chat with Member Services, print your member ID card and more.

WebMD[®]-powered health assessment tool.

Get a quick picture of your current health status and connect with free resources that match your needs.

Specialized medical care programs.

Some things need specific expertise. Horizon BCBSNJ helps with asthma, heart or kidney disease, COPD, diabetes or pregnancy.

Confidential behavioral health services.

OMNIA Health Plans give you and your loved ones support for relationship issues, depression, alcoholism and addictions.

Comprehensive recovery support.

OMNIA Health Plan members get help with physical and emotional recovery from a significant illness or health issue.

“...the fact that Horizon reimburses me for my gym membership is the best.”

– Melissa J., OMNIA Health Plan Member



AN IMPORTANT CHOICE DOESN'T HAVE TO BE A DIFFICULT ONE.

No matter which plan you choose, you can have peace of mind.

All Horizon BCBSNJ health insurance plans include the following essential health benefits:

- Outpatient services, such as diagnostic tests and minor surgeries
- Emergency services
- Hospitalization
- Maternity and newborn care
- Behavioral health and substance use disorder treatment
- Prescription drugs
- Rehabilitative services and devices



“...it’s so crucial to have health insurance, especially for my son.”

– Melissa P., OMNIA Health Plan Member



Start by thinking about your health care habits and priorities.

How much
medical care do
you typically use?

NOT MUCH

You get an annual checkup and preventive care but rarely see doctors otherwise.

Consider: Silver or Bronze plans with lower premiums but higher deductibles and out-of-pocket costs or an Essentials Plan (if you're under age 30 only).

A LOT

You see doctors often and not only for preventive care. You may have a chronic condition and/or take maintenance medications.

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

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

YES

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

Visit HorizonBlue.com/DoctorFinder to see a complete list of health care professionals near you.

NO

Consider: Advantage EPO Plans.

Are you
under age 30
and generally
healthy?

YES

Consider: Advantage EPO Essentials Plan.

NO

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



THE CHARTS ON THE FOLLOWING PAGES
WILL HELP YOU COMPARE PLANS.



First, a little guidance.

About Horizon Advantage EPO Plans.

These plans offer affordable care when you use participating doctors, specialists and hospitals. (EPO stands for “Exclusive Provider Organization.”) While it’s not required, you’re encouraged to select a Primary Care Physician (PCP) who will coordinate your care. Except for true emergency and urgent care, out-of-network care is not covered.

The Essentials Plan is a low-cost, high-deductible option designed for healthy individuals under age 30.

Who should choose the OMNIA Bronze HSA Plan?

This is our lowest premium plan. It offers our lowest monthly premium but highest out-of-pocket costs. It’s a good choice if you don’t expect to use a lot of medical services.

Who should choose the OMNIA Silver Plan?

This plan offers a mid-level monthly premium and out-of-pocket costs when compared to other OMNIA Health Plans. It’s a good choice if you want a balance between monthly premiums and out-of-pocket costs. There are two OMNIA Silver Plans, one with a pre-tax Health Savings Account and one without.

Who should choose the OMNIA Gold Plan?

This plan offers a higher monthly premium but lower out-of-pocket costs when compared to other OMNIA Health Plans. The OMNIA Gold Plan is a good choice if you expect to use a fair amount of medical services.

Some OMNIA Health Plans allow HSAs. Who should have one?

If you like planning for the unexpected and enjoy tax advantages, consider a Health Savings Account, or HSA. It’s a portable savings account to pay for out-of-pocket medical expenses. You can save up to a set amount of money each year, tax-free and use it toward your deductible and other medical expenses that your plan doesn’t cover.

Networks and tiers help control costs.

OMNIA Health Plans use a tiered network. You pay a low premium to access our entire network of more than 45,000 doctors and 82 hospitals. You’ll save even more on out-of-pocket costs with more than 32,000 OMNIA Tier 1 doctors and some of the state’s leading hospitals for a lower copay and deductible.*

*Based on physician data as of 8/1/2018 and is subject to change.



Look for extras that pack value.

After you've found the plans that meet your cost and network needs, take a look at any additional benefits or extras they may offer. For example:

- Does the plan include wellness benefits like weight loss or nutrition programs?
- Are there support programs for maternity care or chronic conditions like diabetes?
- Do you get other discounts for being a member?

OMNIA Health Plans include all these extras and more.

Things to keep in mind as you compare different plans:

- Gold, Silver and Bronze plan levels correspond to how much you pay versus how much Horizon BCBSNJ pays when you get care.
- Horizon BCBSNJ members will have lower out-of-pocket costs when using OMNIA Tier 1.
- Out-of-pocket costs may be higher with Horizon Advantage EPO Plans when compared with OMNIA Health Plans in similar "metal" tiers.
- Whether you choose an OMNIA or Horizon Advantage EPO Health Plan, you do not need to choose a Primary Care Physician or get a referral to see specialists.



Terms to Know

Premium	What you pay each month for health insurance coverage.
Copay	The fixed amount you must pay after you've paid the deductible for each medical visit to a participating doctor or other health care provider, usually at the time of service.
Coinsurance	The percentage of a covered charge that you must pay.
Deductible	The amount you must pay each year for covered charges before benefits are paid by your plan.
Out-of-Pocket Maximum (MOOP)	The most you must pay for covered health care services during a plan year.

Understanding Family Costs

True Family Aggregate Deductible	It is possible that one or more members can exceed their individual deductible because the family deductible must be met first. The family deductible can be met by one member on the policy or a combination of members. The OMNIA Silver HSA and Bronze HSA Plans have this type of deductible.
Aggregate Deductible	Each family member only needs to meet the individual deductible, and the family deductible amount can be met by any combination of family members, with no single person meeting more than the individual deductible amount. OMNIA Gold and Silver Plans have this type of deductible.
Family Out-of-Pocket Maximum (MOOP) Amounts	<p>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.</p> <p>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.</p>

The information provided in this document is not intended to replace or modify the terms, conditions, limitations, and exclusions contained within 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.

OMNIA_{SM} Health Plans

General Provisions

BENEFITS

	Primary Care Physician (PCP) Required?	Out-of-Network/ Area Coverage?	Individual Deductible*	Family Deductible	Individual Drug Deductible	Family Drug Deductible	Individual Maximum Out-of-Pocket	Family Maximum Out-of-Pocket
BRONZE HSA								
Tier 1	No	No	\$3,000*	\$6,000	N/A	N/A	\$6,550	\$13,100
Tier 2	No	No	\$3,000*	\$6,000	N/A	N/A	\$6,550	\$13,100
SILVER HSA								
Tier 1	No	No	\$1,800*	\$3,600	N/A	N/A	\$6,000	\$12,000
Tier 2	No	No	\$2,500*	\$5,000	N/A	N/A	\$6,550	\$13,100
SILVER								
Tier 1	No	No	\$1,500	\$3,000	\$200	\$400	\$7,350	\$14,700
Tier 2	No	No	\$2,500	\$5,000	\$200	\$400	\$7,900	\$15,800
GOLD								
Tier 1	No	No	\$1,000	\$2,000	N/A	N/A	\$4,500	\$9,000
Tier 2	No	No	\$2,500	\$5,000	N/A	N/A	\$6,350	\$12,700

Horizon Advantage EPO Health Plans

General Provisions

BENEFITS

	Primary Care Physician (PCP) Required?	Out-of-Network/ Area Coverage?	Individual Deductible*	Family Deductible	Individual Drug Deductible	Family Drug Deductible	Individual Maximum Out-of-Pocket	Family Maximum Out-of-Pocket
ESSENTIALS	No; higher copayment	No	\$7,900	\$15,800	N/A	N/A	\$7,900	\$15,800
BRONZE	No; higher copayment	No	\$3,000	\$6,000	N/A	N/A	\$7,900	\$15,800
SILVER	No; higher copayment	No	\$2,500	\$5,000	N/A	N/A	\$7,350	\$14,700

*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.

OMNIA_{SM} Health Plans

Health Care Services and Diagnostic Testing & Imaging

BENEFITS

PCP Office Visits & Consultations Specialist Visits & Consultations Lab/Radiology Freestanding Lab Office Visit Radiology Office Visit Lab/Radiology Outpatient

BRONZE HSA

Tier 1	Deductible then \$30 copayment	Deductible then \$50 copayment	Deductible	Deductible	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then No Charge
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible	Deductible	Deductible then 50% coinsurance	Deductible then 50% coinsurance

SILVER HSA

Tier 1	Deductible then \$15 copayment	Deductible then \$30 copayment	Deductible	Deductible	Deductible then \$15 PCP copayment or Deductible then \$30 Specialist copayment	Deductible then No Charge
Tier 2	Deductible then \$30 copayment	Deductible then \$50 copayment	Deductible	Deductible	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then 50% coinsurance

SILVER

Tier 1	\$30 copayment	\$50 copayment	No Charge	No Charge	\$30 PCP copayment or \$50 Specialist copayment	Deductible then \$50 copayment
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	No Charge	No Charge	Deductible then 50% coinsurance	Deductible then 50% coinsurance

GOLD

Tier 1	\$10 copayment	\$25 copayment	No Charge	No Charge	\$10 PCP copayment or \$25 Specialist copayment	Deductible then \$20 copayment
Tier 2	Deductible then \$30 copayment	Deductible then \$50 copayment	No Charge	No Charge	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then 30% coinsurance

Horizon Advantage EPO Health Plans

Health Care Services and Diagnostic Testing & Imaging

BENEFITS

PCP Office Visits & Consultations Specialist Visits & Consultations Lab/Radiology Freestanding Lab Office Visit Radiology Office Visit Lab/Radiology Outpatient

ESSENTIALS	\$0 copayment for 3 visits then deductible	Deductible then No Charge	No Charge	No Charge	No Charge	Deductible then No Charge
BRONZE	\$30 copayment	Deductible then 50% coinsurance	No Charge	No Charge	No Charge	Deductible then 50% coinsurance
SILVER	\$30 copayment	\$50 copayment	No Charge	No Charge	No Charge	Deductible then 50% coinsurance

OMNIA_{SM} Health Plans

Pharmacy Services and Outpatient Surgery Services

BENEFITS

	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs & Specialty Drugs	Both Hospital & Physician/Surgeon	Both Ambulatory Surgical Hospital & Physician/Surgeon
BRONZE HSA					
Tier 1	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	N/A
SILVER HSA					
Tier 1	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	N/A
SILVER					
Tier 1	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then \$250 copayment	Deductible then \$250 copayment
Tier 2	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	N/A
GOLD					
Tier 1	\$10 copayment (retail) \$20 copayment (mail order)	40% coinsurance	50% coinsurance	Deductible then \$250 copayment	Deductible then \$250 copayment
Tier 2	\$10 copayment (retail) \$20 copayment (mail order)	40% coinsurance	50% coinsurance	Deductible then 30% coinsurance	N/A

Horizon Advantage EPO Health Plans

Pharmacy Services and Outpatient Surgery Services

BENEFITS

	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs & Specialty Drugs	Both Hospital & Physician/Surgeon	Both Ambulatory Surgical Hospital & Physician/Surgeon
ESSENTIALS	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge
BRONZE	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER	\$15 copayment (retail) \$30 copayment (mail order)	50% coinsurance	50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance

OMNIA_{SM} Health Plans

Emergency/Urgent Medical Services and Hospital Services

BENEFITS				HOSPITAL SERVICES			
	ER Hospital	ER Professional	Medical Transportation	Urgent Care Center	Outpatient Hospital & Physician	Inpatient Hospital	Physician/Surgeon
BRONZE HSA							
Tier 1	Deductible then \$100 copayment & 50% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge	Deductible then \$75 copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then No Charge
Tier 2	Deductible then \$100 copayment & 50% coinsurance	Deductible then 50% coinsurance	N/A	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER HSA							
Tier 1	Deductible then \$100 copayment & 30% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then \$60 copayment	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Tier 2	Deductible then \$100 copayment & 30% coinsurance	Deductible then 30% coinsurance	N/A	Deductible then \$75 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER							
Tier 1	\$100 copayment & deductible	Deductible	Deductible then No Charge	\$75 copayment	Deductible then \$50 copayment	Deductible then \$500 per day copayment	Deductible
Tier 2	\$100 copayment & deductible	Deductible	N/A	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
GOLD							
Tier 1	\$100 copayment & deductible	Deductible	Deductible then No Charge	\$50 copayment	Deductible then \$20 copayment	Deductible then \$500 per day copayment	Deductible
Tier 2	\$100 copayment & deductible	Deductible	N/A	Deductible then \$75 copayment	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance

Horizon Advantage EPO Health Plans

Emergency/Urgent Medical Services and Hospital Services

BENEFITS				HOSPITAL SERVICES			
	ER Hospital	ER Professional	Medical Transportation	Urgent Care Center	Outpatient Hospital & Physician	Inpatient Hospital	Physician/Surgeon
ESSENTIALS	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge
BRONZE	\$100 copayment & deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER	\$100 copayment & deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$75 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance

OMNIA_{SM} Health Plans

Behavioral Health/Substance Use Disorder and Maternity Services

BENEFITS

	Office	Outpatient	Inpatient	Delivery & All Inpatient Services
BRONZE HSA				
Tier 1	Deductible then \$30 copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then \$500 per day copayment
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER HSA				
Tier 1	Deductible then \$15 copayment	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Tier 2	Deductible then \$30 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER				
Tier 1	\$30 copayment	Deductible then \$30 copayment	Deductible then \$500 per day copayment	Deductible then \$500 per day copayment
Tier 2	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
GOLD				
Tier 1	\$10 copayment	Deductible then \$10 copayment	Deductible then \$500 per day copayment	Deductible then \$500 per day copayment
Tier 2	Deductible then \$30 copayment	Deductible then 30% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance

Horizon Advantage EPO Health Plans

Behavioral Health/Substance Use Disorder and Maternity Services

BENEFITS

	Office	Outpatient	Inpatient	Delivery & All Inpatient Services
ESSENTIALS	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge
BRONZE	\$30 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
SILVER	\$30 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance

OMNIA_{SM} Health Plans

Other Services

BENEFITS

In-Home Health Care	Rehabilitation, Hospice & Skilled Nursing Care* – Inpatient	Durable Medical Equipment	Chiropractic Care – 30 visits per year maximum
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BRONZE HSA

Tier 1	Deductible then \$30 copayment	Deductible then \$500 copayment	Deductible then No Charge	Deductible then \$30 copayment
Tier 2	N/A	Deductible then 50% coinsurance	N/A	Deductible then 50% coinsurance

SILVER HSA

Tier 1	Deductible then \$15 copayment	Deductible then 30% coinsurance	Deductible then No Charge	Deductible then \$15 copayment
Tier 2	N/A	Deductible then 50% coinsurance	N/A	Deductible then \$30 copayment

SILVER

Tier 1	\$30 copayment	Deductible then \$500 per day copayment	No Charge	\$30 copayment
Tier 2	N/A	Deductible then 50% coinsurance	N/A	Deductible then 50% coinsurance

GOLD

Tier 1	\$10 copayment	Deductible then \$500 per day copayment	No Charge	\$10 copayment
Tier 2	N/A	Deductible then 30% coinsurance	N/A	Deductible then \$30 copayment

Horizon Advantage EPO Health Plans

Other Services

BENEFITS

In-Home Health Care	Rehabilitation, Hospice & Skilled Nursing Care* – Inpatient	Durable Medical Equipment	Chiropractic Care – 30 visits per year maximum
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ESSENTIALS	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge	Deductible then No Charge
BRONZE	\$30 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$30 copayment
SILVER	\$30 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$30 copayment

*For 2019 all Hospice & Skilled Nursing providers are Tier 1.

INFORMATION ABOUT PLAN PREMIUMS AND QUALIFYING FOR ASSISTANCE.



See if you qualify for financial assistance.

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

Call your broker.

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

		Household members											
		1	2	3	4	5	6	7	8	9	10	11	12
Household income	Min.	Max.	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$0	\$12,140	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$12,141	\$16,460	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$16,461	\$20,780	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$20,781	\$25,100	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$25,101	\$29,420	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$29,421	\$33,740	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$33,741	\$38,060	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$38,061	\$42,380	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$42,381	\$46,700	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$46,701	\$51,020	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$51,021	\$55,340	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
	\$55,341	\$59,660	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance

■ Eligible for financial assistance ■ Eligible for Medicaid
■ Not eligible for financial assistance

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

2019 Monthly Premium Rates

OMNIASM Health Plans

Age	Bronze HSA	Silver HSA	Silver	Gold
0-14	\$213.10	\$246.88	\$262.85	\$383.66
15	\$232.05	\$268.82	\$286.21	\$417.76
16	\$239.29	\$277.21	\$295.15	\$430.80
17	\$246.53	\$285.60	\$304.08	\$443.84
18	\$254.33	\$294.64	\$313.70	\$457.88
19	\$262.13	\$303.67	\$323.32	\$471.92
20	\$270.21	\$313.03	\$333.28	\$486.47
21-24	\$278.57	\$322.71	\$343.59	\$501.51
25	\$279.68	\$324.00	\$344.97	\$503.52
26	\$285.25	\$330.46	\$351.84	\$513.55
27	\$291.94	\$338.20	\$360.09	\$525.59
28	\$302.80	\$350.79	\$373.49	\$545.14
29	\$311.72	\$361.12	\$384.48	\$561.19
30	\$316.17	\$366.28	\$389.98	\$569.22
31	\$322.86	\$374.03	\$398.22	\$581.25
32	\$329.54	\$381.77	\$406.47	\$593.29
33	\$333.72	\$386.61	\$411.62	\$600.81
34	\$338.18	\$391.77	\$417.12	\$608.84
35	\$340.41	\$394.36	\$419.87	\$612.85
36	\$342.64	\$396.94	\$422.62	\$616.86
37	\$344.86	\$399.52	\$425.37	\$620.87
38	\$347.09	\$402.10	\$428.12	\$624.88
39	\$351.55	\$407.26	\$433.61	\$632.91
40	\$356.01	\$412.43	\$439.11	\$640.93
41	\$362.69	\$420.17	\$447.36	\$652.97
42	\$369.10	\$427.60	\$455.26	\$664.50
43	\$378.01	\$437.92	\$466.26	\$680.55
44	\$389.16	\$450.83	\$480.00	\$700.61
45	\$402.25	\$466.00	\$496.15	\$724.18
46	\$417.85	\$484.07	\$515.39	\$752.27
47	\$435.40	\$504.40	\$537.04	\$783.86
48	\$455.46	\$527.64	\$561.77	\$819.97
49	\$475.23	\$550.55	\$586.17	\$855.58
50	\$497.52	\$576.37	\$613.66	\$895.70
51	\$519.53	\$601.86	\$640.80	\$935.32
52	\$543.76	\$629.94	\$670.69	\$978.95
53	\$568.27	\$658.34	\$700.93	\$1,023.09
54	\$594.74	\$688.99	\$733.57	\$1,070.73
55	\$621.20	\$719.65	\$766.21	\$1,118.37
56	\$649.89	\$752.89	\$801.60	\$1,170.03
57	\$678.87	\$786.45	\$837.34	\$1,222.19
58	\$709.79	\$822.27	\$875.47	\$1,277.85
59	\$725.11	\$840.02	\$894.37	\$1,305.44
60	\$756.03	\$875.85	\$932.51	\$1,361.11
61	\$782.77	\$906.83	\$965.50	\$1,409.25
62	\$800.32	\$927.16	\$987.14	\$1,440.85
63	\$822.33	\$952.65	\$1,014.29	\$1,480.47
64 and over	\$835.70	\$968.13	\$1,030.77	\$1,504.53

Horizon Advantage EPO Health Plans

Age	Essentials	Bronze	Silver
0-14	\$188.24	\$263.63	\$329.95
15	\$204.97	\$287.07	\$359.27
16	\$211.37	\$296.03	\$370.49
17	\$217.77	\$304.99	\$381.70
18	\$224.66	\$314.64	\$393.78
19	\$231.55	\$324.29	\$405.85
20	\$238.68	\$334.28	\$418.36
21-24	\$246.06	\$344.62	\$431.30
25	\$247.05	\$346.00	\$433.03
26	\$251.97	\$352.89	\$441.65
27	\$257.88	\$361.16	\$452.00
28	\$267.47	\$374.60	\$468.82
29	\$275.35	\$385.63	\$482.63
30	\$279.28	\$391.14	\$489.53
31	\$285.19	\$399.41	\$499.88
32	\$291.09	\$407.68	\$510.23
33	\$294.78	\$412.85	\$516.70
34	\$298.72	\$418.37	\$523.60
35	\$300.69	\$421.12	\$527.05
36	\$302.66	\$423.88	\$530.50
37	\$304.63	\$426.64	\$533.95
38	\$306.60	\$429.39	\$537.40
39	\$310.53	\$434.91	\$544.30
40	\$314.47	\$440.42	\$551.20
41	\$320.38	\$448.69	\$561.55
42	\$326.03	\$456.62	\$571.47
43	\$333.91	\$467.65	\$585.28
44	\$343.75	\$481.43	\$602.53
45	\$355.32	\$497.63	\$622.80
46	\$369.10	\$516.93	\$646.95
47	\$384.60	\$538.64	\$674.12
48	\$402.31	\$563.45	\$705.18
49	\$419.79	\$587.92	\$735.80
50	\$439.47	\$615.49	\$770.30
51	\$458.91	\$642.71	\$804.38
52	\$480.32	\$672.70	\$841.90
53	\$501.97	\$703.02	\$879.86
54	\$525.35	\$735.76	\$920.83
55	\$548.72	\$768.50	\$961.80
56	\$574.07	\$804.00	\$1,006.23
57	\$599.66	\$839.84	\$1,051.08
58	\$626.97	\$878.09	\$1,098.96
59	\$640.50	\$897.04	\$1,122.68
60	\$667.82	\$935.30	\$1,170.55
61	\$691.44	\$968.38	\$1,211.96
62	\$706.94	\$990.09	\$1,239.13
63	\$726.38	\$1,017.31	\$1,273.20
64 and over	\$738.18	\$1,033.86	\$1,293.90



WE HAVE AFFORDABLE DENTAL PLANS FOR YOU AND YOUR FAMILY.

Add a Horizon Dental Plan

Combining medical and dental coverage makes great sense, because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you.

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. Each plan offers coverage for cosmetic orthodontia as well.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans include orthodontia coverage, along with an extra \$1,000 benefit to help pay for services beyond preventive and diagnostic care.

Horizon Individual

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

Horizon Centurion

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

2019 Dental Plan Guide & Rates

Individual and Family Plan Coverage

Plan Details	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
Coverage for	Under 19 Only	Under 19	19 and over	Under 19	19 and over INN ¹	19 and over OON ²
ACA Compliant	Yes	Yes		Yes		
Waiting Periods Apply	No	No		No		
Participating Office Locations	9,000 in NJ/ 280,000 Nationwide	9,000 in NJ/280,000 Nationwide		9,000 in NJ/280,000 Nationwide		N/A
Annual Maximum	None	None		None	\$1,000	
Deductible	*\$25/\$100/\$200	*\$25/\$100/\$200	None	*\$25/\$100/\$200	*\$25/\$100/\$200	
Covered Services						
Preventive/Diagnostic						
Prophylaxis - Cleaning	100%	100%	100%	100%	100%	100%
Sealant	100%	100%	Not Covered	100%	Not Covered	Not Covered
Fluoride	100%	100%	100%	100%	100%	100%
Diagnostic						
Oral Exam	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	100%	100%	100%	100%
Restorative						
Amalgam Fillings	80% After Deductible	80% After Deductible	Discount	80% After Deductible	80% After Deductible	80% After Deductible
Composite Fillings	100%	100%	Discount	100%	80% After Deductible	80% After Deductible
Crowns/Inlays/Onlays	50% After Deductible	50% After Deductible	Discount	50% After Deductible	50% After Deductible	50% After Deductible
Endodontics						
Root Canal	80% After Deductible	80% After Deductible	Discount	80% After Deductible	80% After Deductible	80% After Deductible
Periodontics						
Periodontal Scaling & Root Planing	80% After Deductible	80% After Deductible	Discount	80% After Deductible	80% After Deductible	80% After Deductible
Periodontal Maintenance	80% After Deductible	80% After Deductible	Discount	80% After Deductible	80% After Deductible	80% After Deductible
Prosthetics						
Bridges	50% After Deductible	50% After Deductible	Discount	50% After Deductible	50% After Deductible	50% After Deductible
Dentures	50% After Deductible	50% After Deductible	Discount	50% After Deductible	50% After Deductible	50% After Deductible
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	80% After Deductible	80% After Deductible	Discount	80% After Deductible	80% After Deductible	80% After Deductible
Orthodontics						
Orthodontic Lifetime Maximum	\$2,000	\$2,000	Not Covered	\$2,000	Not Covered	Not Covered
Orthodontic Medical Necessity	Covered 50%	Covered 50%	Not Covered	Covered 50%	Not Covered	Not Covered
Cosmetic Orthodontics	Covered 50%	Covered 50%	Not Covered	Covered 50%	Not Covered	Not Covered

*\$25/\$100/\$200 - \$25 applies to preventive/diagnostic; \$100/\$200 applies to Basic and Major.

1. In-Network.

2. Out-of-Network.

2019 Dental Plan Guide & Rates

Individual and Family Plan Coverage, Continued

Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
ACA Compliant	No		No		No	No
Waiting Periods Apply	Yes		Yes		No	No
Participating Office Locations	6,500 in NJ/230,000 Nationwide		9,000 in NJ/280,000 Nationwide		6,500 in NJ	1,100 in NJ
Annual Maximum	\$1,000		\$1,000		None	None
Deductible	\$50 Individual/\$150 Family		\$50 Individual/\$150 Family		None	None
Covered Services						
Preventive/Diagnostic						
Prophylaxis - Cleaning	100%	80%	100%	80%	Discount	100%
Sealant	100%	80%	100%	80%	Discount	100%
Fluoride	100%	80%	100%	80%	Discount	100%
Diagnostic						
Oral Exam	100%	80%	100%	80%	Discount	100%
X-rays	100%	80%	100%	80%	Discount	100%
Restorative						
Amalgam Fillings	80% After Deductible		80% After Deductible		Discount	100%
Composite Fillings	80% After Deductible		80% After Deductible		Discount	100%
Crowns/Inlays/Onlays	80% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Endodontics						
Root Canal	50% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Periodontics						
Periodontal Scaling & Root Planing	50% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Periodontal Maintenance	50% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Prosthodontics						
Bridges	50% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Dentures	50% After Deductible		50% After Deductible		Discount	30%/40%/50%**
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	50% After Deductible		50% After Deductible		Discount	70%/60%/50%
Orthodontics						
Orthodontic Lifetime Maximum	\$1,000		\$1,000		Not Covered	Not Covered
Orthodontic Medical Necessity	Not Covered		Not Covered		Not Covered	Not Covered
Cosmetic Orthodontics	Covered at 50% for those under 19		Covered at 50% for those under 19		Not Covered	Not Covered

**For the first three years. The percentage the plan pays goes up each year you stay with the same primary care dentist.

2019 Dental Plan Guide & Rates

Premiums are based on the age of members: see charts below.

Horizon Family Grins Plus		Horizon Family Grins		Horizon Healthy Smiles				
Age	Rate	Age	Rate	Age	100/80/50	80/50/50	100/80/50*	80/50/50*
0-14	\$26.36	0-14	\$26.36	22 and under	\$20.16	\$16.59	\$17.03	\$14.02
15	\$27.67	15	\$27.67	23-24	\$19.53	\$16.07	\$16.50	\$13.58
16	\$27.96	16	\$27.96	25-29	\$22.19	\$18.26	\$18.74	\$15.42
17	\$27.04	17	\$27.04	30-34	\$22.52	\$18.52	\$19.01	\$15.65
18	\$24.88	18	\$24.88	35-39	\$23.53	\$19.36	\$19.87	\$16.36
19-22	\$31.26	19+	\$9.49	40-44	\$25.57	\$21.06	\$21.61	\$17.79
23-24	\$28.34			45-49	\$28.34	\$23.32	\$23.94	\$19.69
25-29	\$35.31	Horizon Young Grins		50-54	\$30.57	\$25.16	\$25.82	\$21.26
30-34	\$37.08	Age	Rate	55-59	\$31.83	\$26.19	\$26.88	\$22.12
35-39	\$37.83	0-14	\$26.36	60-64	\$33.24	\$27.35	\$28.08	\$23.10
40-44	\$39.73	15	\$27.67	65+	\$32.85	\$27.04	\$27.75	\$22.85
45-49	\$42.52	16	\$27.96					
50-54	\$48.25	17	\$27.04	Horizon Healthy Smiles Plus				
55-59	\$52.09	18	\$24.88	Age	100/80/50	80/50/50	100/80/50*	80/50/50*
60-63	\$57.49			22 and under	\$23.31	\$19.18	\$19.68	\$16.21
64+	\$59.17			23-24	\$22.58	\$18.58	\$19.08	\$15.69
				25-29	\$25.65	\$21.10	\$21.66	\$17.82
				30-34	\$26.02	\$21.41	\$21.98	\$18.09
				35-39	\$27.18	\$22.37	\$22.97	\$18.90
				40-44	\$29.57	\$24.35	\$24.97	\$20.57
				45-49	\$32.75	\$26.97	\$27.67	\$22.77
				50-54	\$35.35	\$29.08	\$29.86	\$24.57
				55-59	\$36.80	\$30.28	\$31.07	\$25.57
				60-64	\$38.42	\$31.62	\$32.45	\$26.71
				65+	\$37.98	\$31.26	\$32.06	\$26.40

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 Centurion		Horizon Individual	
	Total Amount Due		Total Amount Due
1 Individual	\$60 per year	Adult Rate	\$180 per year
1 Family	\$84 per year	Child Rate	\$68.40 per year
2 Adults or Adult(s) & Dependent Child(ren)	See Terms & Limitations		

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



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Add a Horizon Vision Plan

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

Benefits

Annual eye exam including 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 70,000 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: \$

The Horizon Vista Plan V includes an annual eye exam for \$10. If you need glasses, you'll have a \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included. In lieu of eyeglasses, you can get a \$100 allowance for contact lenses.

Horizon Panorama Plan V: \$\$

The Horizon Panorama Plan V includes an annual eye exam for \$10. If you need glasses, you'll have a \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included. In lieu of eyeglasses, you can get a \$130 allowance for contact lenses.

2019 Vision Plan Guide & Rates

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

*Covered for under 19 with \$2,000 lifetime limit.

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 dependent children, monocular patients and patients with prescriptions +/- 6.00 diopter or greater.

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

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Our enrollment specialists can answer questions and enroll you in a plan right over the phone.

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“It’s not about selling a plan; it’s about letting you know that we truly do care about you.”

– Satta, Horizon BCBSNJ Representative





We're here whenever you need us.

Have questions or concerns? Please let us know. We want to make sure you feel like you're getting the right plan for you and your family. That's our promise to members and to the people of New Jersey.

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



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 and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (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**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability 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, 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**.



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 **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528**。

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 **1-866-660-6528**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: **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिण से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-866-660-6528** 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 **1-866-660-6528** 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 **1-866-660-6528** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitíh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóo doo búááh ílíní da. Ata' halne'é ła' bich'í' hadeesdzih nínízingo t'áá shóqdí **1-866-660-6528**ji' nida'anishgo oolkiíí bik'ehgo hodíílnih.

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 تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-866-660-6528**.

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 **1-866-660-6528** پر کال کریں۔