

# Marco Region Enterprises Employee Benefit Booklet



This booklet overviews the competitive employee benefits program offered to our eligible employees.

**\*Medical**

**\*Dental**

**\*Vision**



Horizon Blue Cross Blue Shield of New Jersey

**Group Name #00000**

Medical Member Services	1-800-355-2583	7am to 6pm EST Zone
Member Online Services <a href="http://www.horizonblue.com/members">www.horizonblue.com/members</a>	1-888-777-5075	Option 4, then Option 2
Rx Prime Care Customer Service RxBin: 016499 RxPCN: HZRX	1-800-370-5088	
Dental Claims/Benefit Inquiries	1-800-433-6825	
Horizon Vision (Davis Vision)	1-800-278-7753	
Horizon Pre-Admission Review	1-800-664-2583	
Horizon Behavioral Health	1-800-626-2212	
EviCore (Radiology Pre-Certification)	1-866-496-6200	
Horizon Care Home (Diabetic & Durable healthcare supplies)	1-855-243-3321	
BlueCard Nationwide Provider Finder	1-800-810-Blue	



Broker - Adam Seger

800-854-4099

[ARSeeger@acrisure.com](mailto:ARSeeger@acrisure.com)



## MIDSIZE ADVANTAGE EPO DESIGN EE

Benefit	In-Network Benefits Only (Includes BlueCard® network)
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	\$1,500
Family	\$3000 (2 individuals per family)
<b>Coinsurance</b>	100/70%
<b>Maximum Out of Pocket</b>	
Individual	\$4,000
Family	\$8,000
Consolidated Maximum Out of Pocket is Calendar year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Physician Selection</b>	Not Required
<b>Doctor's Office Visits</b>	
Primary Care Office Visit	100% after \$20 copay
	A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$40 copay
	A referral is not required to visit a specialist.
Urgent Care Visit	100% after \$40 copay
	A referral is not required to visit a specialist.
Maternity Visits	100% after \$40 copay
	Copay applies to 1st visit only
Allergy Testing and Treatment	Dependent children are ineligible for Maternity/Obstetrical Benefits.
	100%
Preventive Care	Note: A copay will only apply when an office visit is billed.
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
<b>Diagnostic Procedures</b>	
Laboratory	100% in office setting or in a Preferred Lab
	70% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting
	70% after deductible in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.	
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	70% after deductible
Pre-admission Testing	70% after deductible
Surgery in Hospital	70% after deductible
Inpatient Physician Services	70% after deductible
Outpatient Dept. Services	70% after deductible
<b>Emergency Care</b>	
Emergency Room	70% after \$100 facility copay
Ambulance	70% after deductible



## MIDSIZE ADVANTAGE EPO DESIGN EE

<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	70% after deductible
Surgery in an Ambulatory SurgiCenter	70% after deductible
<b>Mental Health Services</b>	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after \$40 copay
<b>Substance Abuse Services</b>	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after \$40 copay
<b>Alcohol Abuse Services</b>	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after \$40 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.
<b>Other Services</b>	
Bariatric Surgery	Not covered
Diabetic Education	100% after office copayment
Diabetic Supplies	70% after deductible
Durable Medical Equipment	50%
Orthotics and Prosthetics (Per NJ mandate)	100% after \$20 copay
Home Health Care	70% after deductible
Hospice Care	70% after deductible
Infertility (including in-vitro fertilization)	100% after copayment in office setting 70% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	70% after deductible Limited to 60 days per benefit period
Private Duty Nursing	70% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay 70% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	70% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after \$20 copay 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$40 copay
Vision Hardware	\$100 every 2 years
Telemedicine	100% after \$15 copay
<b>Prescription Drugs</b>	Available under a freestanding program (optional)
<b>Eligibility</b>	Dependent children who are eligible are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	Not Applicable





## MIDSIZE ADVANTAGE EPO DESIGN EE

The Advantage EPO plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergency situations.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

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## MIDSIZE ADVANTAGE EPO DESIGN GE

Benefit	In-Network Benefits Only
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	\$2,500
Family	\$5000 (2 individuals per family)
<b>Coinsurance</b>	100/50%
<b>Maximum Out of Pocket</b>	
Individual	\$9,100
Family	\$18,200
Consolidated Maximum Out of Pocket is Calendar year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Physician Selection</b>	Not Required
<b>Doctor's Office Visits</b>	
Primary Care Office Visit	100% after \$50 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$75 copay A referral is not required to visit a specialist.
Maternity Visits	100% after \$75 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% Note: A copay will only apply when an office visit is billed.
<b>Preventive Care</b>	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
<b>Diagnostic Procedures</b>	
Laboratory	100% in office setting or in a Preferred Lab 50% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 50% after deductible in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at <b>1-866-969-1234</b> to schedule an appointment.	
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	50% after deductible
Pre-admission Testing	50% after deductible
Surgery in Hospital	50% after deductible
Inpatient Physician Services	50% after deductible
Outpatient Dept. Services	50% after deductible
<b>Emergency Care</b>	
Emergency Room	50% after \$100 facility copay
Ambulance	50% after deductible



## MIDSIZE ADVANTAGE EPO DESIGN GE

<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	50% after deductible
Surgery in an Ambulatory SurgiCenter	50% after deductible
<b>Mental Health Services</b>	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$65 copay
<b>Substance Abuse Services</b>	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$65 copay
<b>Alcohol Abuse Services</b>	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after \$65 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.
<b>Other Services</b>	
Bariatric Surgery	Not covered
Diabetic Education	100% after office copayment
Diabetic Supplies	50% after deductible
Durable Medical Equipment	50%
Orthotics and Prosthetics (Per NJ mandate)	100% after \$50 copay
Home Health Care	50% after deductible
Hospice Care	50% after deductible
Infertility (including in-vitro fertilization)	100% after copayment in office setting 50% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	50% after deductible Limited to 60 days per benefit period
Private Duty Nursing	50% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$40 copay 50% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	50% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after \$30 copay 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$75 copay
Vision Hardware	\$100 every 2 years
Telemedicine	100% after \$15 copay
<b>Prescription Drugs</b>	Available under a freestanding program (optional)
<b>Eligibility</b>	Dependent children who are eligible are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	Not Applicable



## MIDSIZE ADVANTAGE EPO DESIGN GE

The Advantage EPO plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergency situations.

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Benefit	OMNIA Tier 1	Tier 2
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	\$1,000	\$2,500
Family	\$2,000	\$5,000
	Deductible is Calendar Year	
<b>Coinsurance</b>	90%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$3,500	\$6,500
Family	\$7,000	\$13,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	Unlimited
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$20 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after \$40 copay
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.	100% after \$50 copay
Urgent Care Visit	100% after \$40 copay A referral is not required to visit a specialist.	100% after \$50 copay
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	100% after \$50 copay
Allergy Testing and Treatment	100% in office setting* *Copay only applies to office visit if billed.	
	90% after deductible outpatient facility	70% after deductible outpatient facility
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or LabCorp/Quest 90% after deductible in outpatient facility	100% in office or LabCorp/Quest 70% after deductible outpatient facility
X-ray/Radiology Services	100% in office 90% after deductible in outpatient facility	100% in office 70% after deductible outpatient facility
Complex Imaging (CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology)) require prior authorization and may pay at a different benefit level than X-ray/Radiology services. The ordering physician should request the prior authorization by calling eviCore at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at <b>1-866-969-1234</b> to schedule an appointment. <i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	90% after deductible	70% after deductible
Room and Board	90% after deductible	70% after deductible
Pre-admission Testing	90% after deductible	70% after deductible
Surgery in Hospital	90% after deductible	70% after deductible
Inpatient Physician Services	90% after deductible	70% after deductible
Outpatient Department Services (Non-Surgical)	90% after deductible	70% after deductible

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## OMNIA 11 (WITH BLUECARD®)

Emergency Care		
Emergency Room	\$100 facility copay then deductible then 90%	\$100 facility copay then deductible then 90%
	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100% after Tier 1 deductible	100% after Tier 1 deductible
Outpatient Surgery		
Hospital Outpatient Surgery	90% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	90% after deductible	70% after deductible
Mental Health Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Substance Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Alcohol Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	90% after deductible	70% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Orthotics and Prosthetics	100% after \$20 copay	100% after \$40 copay
Home Health Care	100% after \$20 copay	100% after \$40 copay
Hospice Care	90% after deductible	70% after deductible
Infertility	90% after deductible	70% after deductible
Physical Rehabilitation Facility Inpatient Services	90% after deductible	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay	100% after \$30 copay
	90% after deductible in outpatient facility	70% after deductible in outpatient facility
	30 visit maximum per therapy, per benefit period	
Private Duty Nursing	90% after deductible in outpatient facility	70% after deductible
	Limited to 30 visits per benefit period (8-hour shifts)	
Skilled Nursing Facility/Extended Care Center	90% after deductible	70% after deductible
	Limited to 100 days per benefit period	
Therapeutic Manipulation (Chiropractic Care)	100% after \$30 copay	100% after \$30 copay
	25 visit maximum per benefit period	
Adult Vision	Not Covered	Not Covered
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$150	
Telemedicine Services	100% after \$10 copay	
Prescription Drugs	Covered under freestanding prescription program	

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## OMNIA 11 (WITH BLUECARD®)

<b>Eligibility</b>	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .

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## Prescription Drug Program

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
<b>Three Tier Copayment Plan:</b>			
<b>Retail:</b> Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$15	\$50	\$75
<b>Mail Order:</b> Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$35	\$125	\$200
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
<b>Benefit Period Maximum</b>		Unlimited	

**Plan includes:**

- Contraceptive drugs & devices obtained at a pharmacy
- Diabetic Supplies
- Fertility Drugs
- Self-Administered Contraceptives & Injectable Contraceptives
- DAW1 Program (Dispense as Written) - If prescriber requests brand drug when generic equivalent is available, prior authorization will be required and the non-preferred copay is charged.
- DAW2 Program - If member requests brand drug when generic equivalent is available, the generic copay PLUS the cost difference between the brand and generic will be assessed.
- Prior Authorization and Advantage Formulary Program - Certain medications that have medical utility for only a select group of patients require PA before coverage is approved. Specific guidelines, developed and approved by physicians and pharmacists, have to be met for these drugs to be approved and covered under your prescription drug benefits. See Horizon BCBSNJ's website for the PA drug list.

**Mandatory Generic:**

Not Applicable

**Specialty Pharmacy Program:**

Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.

- Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.

**Exclusions:**

Anti-Obesity Drugs  
Over The Counter Vitamins & Minerals  
Growth Hormones (unless prior authorized)  
Drugs for Cosmetic Purposes  
Immunization Agents and Allergy Serum  
Lifestyle Drugs

Dependent children, including full-time students, are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbsnj.com](http://www.horizon-bcbsnj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.





## Horizon Dental Option Plan (DOP)

100/80/50, \$50 Deductible, \$2,500 Annual Max, \$1,500 Ortho

Coverage Type	In Network	Out of Network
<b>Preventive</b> (cleanings, oral exams, bitewing X-rays)	100%	100%
<b>Basic</b> (fillings, extractions)	80%	80%
<b>Major</b> (bridges, dentures, crowns, implants)	50%	50%
<b>DEDUCTIBLE</b>		
<b>Basic &amp; Major Deductible</b> Does not apply to preventive/diagnostic Combined in- and out-of-network	\$50/\$150 Individual/Family	\$50/\$150 Individual/Family
<b>Annual Maximum per Calendar Year</b> Combined in- and out-of-network	\$2,500	\$2,500
<b>Orthodontia</b> Combined in- and out-of-network	50% / Up to \$1,500 lifetime maximum	50% / Up to \$1,500 lifetime maximum
<b>Benefit Waiting Period</b>	None	None
<b>COVERED PREVENTIVE SERVICES</b>		
<b>Cleanings/Oral Exams</b>	3x per calendar year	
<b>Bitewing X-Rays</b> (set of 4)	1x per 6 months	
<b>Fluoride</b>	Up to age 19 1x in 6 months	
<b>Sealants</b>	Up to age 14 1st and 2nd molars only; 1x in 36 months	
<b>X-Rays</b>	1x in 36 months	

Coverage Type	In Network	Out of Network
COVERED BASIC SERVICES		
Fillings Composite and Amalgam	Replacement once per 6 months per tooth	
Space Maintainers	Up to age 19	
Oral Surgery	As required except for simple extractions	
Deep Cleaning for Gum Disease	1x per calendar year	
COVERED MAJOR SERVICES		
Crowns/Inlays/Onlays	Replacement once per 60 months	
Bridges/Dentures	Replacement once per 60 months	
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	

## FAQs

### Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members.

### Can I find out what my out-of-pocket expenses will be before receiving a service?

**Yes.** You can ask your dentist to get a pretreatment estimate from Horizon. Your participating general dentist or specialist will send Horizon a plan for your care and will request an estimate of benefits. The estimate helps you prepare for the cost of dental services.

### Do I need an ID card?

**No.** You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the Horizon Dental Option Plan.

### May I choose a non-participating dentist?

The Horizon Dental Option Plan offers coverage for both in- and out-of-network dentists. Out-of-network providers are paid based on the 80th FHV.

### How do I find a participating dentist?

To locate a participating provider, please utilize the doctor finder at [horizonblue.com/doctorfinder](https://horizonblue.com/doctorfinder) or by calling **1-800-4-Dental**. Simply log in or continue as a guest, select dental, select the Horizon Dental Option Plan, input any location nationwide, select the dentist, specialty or group practice and the results will automatically generate based on the network(s) your plan belongs to.

## EXCLUSIONS

**Please review contract for full list of exclusions**

Services relating to TMJ | Replacement of lost, stolen or broken space maintainers

## COVERED SERVICES AND HARDWARE

<b>Eye examination including dilation</b> (when professionally indicated)	Once every 12 months
<b>Contact lens evaluation, fitting and follow-up care</b>	Once every 12 months
<b>Spectacle Lenses</b>	Once every 12 months
<b>Contact lenses</b> (in lieu of eyeglasses)	Once every 12 months
<b>Frame</b>	Once every 24 months

## COPAYMENTS

<b>Eye Examination</b>	\$10
<b>Spectacle Lenses</b>	\$25
<b>Contact lens evaluation, fitting and follow-up care</b>	\$0 <sup>1</sup>

## EYEGLASS BENEFIT — FRAME, MEMBER CHARGES

<b>Non-collection frame allowance</b> (retail)	Up to \$150 or \$200 <sup>2</sup> plus a 20% discount on any overage <sup>3</sup>
<b>Davis Vision Frame Collection<sup>4</sup></b> (in lieu of allowance): Fashion level / Designer level / Premier level	Included

## EYEGLASS BENEFIT — SPECTACLE LENSES

<b>Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses</b> (any size or Rx)	Included
<b>Oversize lenses / Tinting of plastic lenses / Scratch-resistant coating</b>	Included
<b>Polycarbonate lenses<sup>5</sup> / Ultraviolet coating</b>	Included
<b>Anti-reflective (AR) coating</b> (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85
<b>Progressive lenses</b> (standard / premium / ultra / ultimate)	Included / \$40 / \$90 / \$175
<b>High-index lenses</b>	\$55
<b>Intermediate-vision lenses</b>	Included
<b>Polarized lenses / Plastic photochromic lenses</b>	\$75 / \$65
<b>Scratch Protection Plan:</b> Single vision / Multifocal lenses	\$20 / \$40
<b>Blue Light Filtering</b>	\$15

## CONTACT LENS BENEFIT (in lieu of eyeglasses):

<b>Contact lenses:</b> Materials allowance	Up to \$150 plus a 15% discount on any overage <sup>3</sup>
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<b>Evaluation, fitting and follow-up care —</b> standard and specialty lens types	15% discount <sup>3</sup>
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<b>Collection Contact Lenses<sup>4</sup></b> (in lieu of allowance): - Disposable - Planned replacement	8 boxes/multi-packs 4 boxes/multi-packs
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<b>Evaluation, fitting and follow-up care</b>	Included
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<b>Medically required contact lenses</b> (with prior approval) Materials, evaluation, fitting and follow-up care	Included
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## OUT-OF-NETWORK REIMBURSEMENT SCHEDULE UP TO:

<b>Eye Examination</b>	\$40
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<b>Single Vision Lenses</b>	\$40
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<b>Bifocal</b>	\$60
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<b>Spectacle Lenses Trifocal</b>	\$80
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<b>Lenticular</b>	\$100
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<b>Frame</b>	\$50
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<b>Elective Contacts</b>	\$105
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<b>Visually Required Contacts</b>	\$225
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<sup>1</sup> Copayment applies to Collection Contact Lenses only.

<sup>2</sup> Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

<sup>3</sup> Discount not applicable at Walmart, Sam's Club or Costco.

<sup>4</sup> Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>5</sup> Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

\*Payment is based upon the Horizon allowance and the provider may bill the member up to charges.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon 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. 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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Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.

# Stronger Benefits with Strong Smile<sup>SM</sup>



**Your Horizon Dental plan includes Strong Smile, an added benefit that stretches your dollars to cover more services.**

With Strong Smile, costs of basic dental services are not applied to the annual maximum coverage allowance, saving your benefit dollars for more costly procedures during the plan year.

That means you can have regular dental check-ups, without those costs contributing to the maximum allowance. And regular exams may reduce the need for more costly and complicated dental procedures at a later date.

## How Strong Smile Works

In addition to dental cleanings, the services listed below do not count toward your annual maximum dental allowance when performed in network at the same time as a dental cleaning:

- Periodic oral evaluation for an established patient
- Oral evaluation for patient under three years old and counseling with primary caregiver
- Comprehensive oral evaluation for a new or established patient
- Bitewing X-rays – up to four films
- Vertical bitewing X-rays – seven to eight films

Schedule your cleaning today to keep your smile bright and mouth healthy.

**Questions? Call 1-800-4DENTAL (1-800-433-6825).**

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Spanish (Español): Para recibir ayuda en español, llame al **1-800-4DENTAL (433-6825)**.

Chinese: 如需中文協助，請致電 **1-800-4DENTAL (433-6825)**。

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**Horizon**



Horizon Blue Cross Blue Shield of New Jersey

**HorizonBlue.com/dental**

# Introducing Warby Parker® through Horizon Vision

An exciting enhancement to your vision network

Warby Parker's mission is clear: **Buying glasses should be easy and fun and should help leave money in your pocket.** That's why Davis Vision has teamed up with Warby Parker to bring this valuable offering in-network.



**Online at  
WarbyParker.com**



**250+ stores**



**Signature home  
try-on program**



**Most sites even offer  
onsite standard exams!**

If you're currently enrolled in vision benefits through Horizon Vision from Davis Vision, you now have access to Warby Parker products and exam services in the same way you use your benefits at other in-network providers.



Given Warby Parker's unique product offering, which includes frames, lens enhancements, contact lenses, and standard eye exams, there are a variety of ways that you may experience savings while using your Horizon Vision benefits.

**Visit [WarbyParker.com/Insurance](https://www.warbyparker.com/insurance) to check out their online experience or book an exam today!**





Horizon Blue Cross Blue Shield of New Jersey



## Find the doctor that is right for you

When there are so many high-quality, in-network doctors, hospitals and other health care professionals to choose from, it's good to know that the *Online Doctor & Hospital Finder* can help you find the right doctor quickly and easily.

### It's easy!

Visit our *Online Doctor & Hospital Finder* at [HorizonBlue.com/doctorfinder](https://HorizonBlue.com/doctorfinder) and:

- Select the type of health care professional you are looking for.
- Next, select your plan from the **Choose a Plan to Start** dropdown menu. Not sure which plan you have? Check the front of your member ID card.
- Narrow your search by using one of the filters. You can filter by distance from your selected location, gender, language spoken and more.
- You can even search by **Group Affiliation** to find all the participating health care professionals that are part of a group practice.

### Get results!

The results page will show all of the doctors, hospitals or other health care professionals that accept your plan and meet the criteria you set. You can even see if a doctor, hospital or other health care professional is joining or leaving your plan in the near future.

### Want more details?

Click **View Profile** from the list to see if the doctor is part of a group practice, the hospitals where the doctor can admit patients, office hours and more. You can even have the name, address and phone number texted to your mobile or smartphone device!<sup>1</sup>

<sup>1</sup> Text messaging rates and data charges from your mobile carrier may apply.

**Remember, you pay less out of pocket when you get health services from doctors, hospitals and other health care professionals that are in-network for your Horizon BCBSNJ health plan, even when you have out-of-network benefits.**

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Spanish (Español): Para ayuda en español, llame al 1-855-477-AZUL (2985).  
Chinese (中文): 如需中文協助, 請致電 1-800-355-BLUE (2583)。

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[HorizonBlue.com/doctorfinder](https://HorizonBlue.com/doctorfinder)

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# Access Your Member ID Anytime



Sign in to the **Horizon Blue** app or at **HorizonBlue.com** to access your member ID card whenever you need it.

## Access via app

The fastest way to get your card on the go is to use the **Horizon Blue** app. **Horizon Blue** is your 24/7 resource for all of the ins and outs of your plan, and it connects you to care and support wherever you are.

To get the app, text **GetApp** to **422-272** or download it from the App Store® or Google Play™.

Once you have signed in to the **Horizon Blue** app, select **ID Cards** and follow the on-screen instructions to view or print your member ID card, or request a new one. If you request a new one, you will receive a new card in approximately five to 10 business days.

You can also show your member ID card at your doctor's office, or share it directly from the app. To print a copy of your member ID card, click *Print* below the image.

When using Horizon Blue on an iPhone, you also have the added convenience of being able to save your member ID card to your Apple Wallet™.

## Access online

You can also access your member ID card by signing in to **HorizonBlue.com**. Once you have signed in, just choose **ID Cards** and follow the on-screen instructions to print, download or request a new card.

Some members may only be able to view and print a proof of coverage letter, which includes the same information as an ID card.

## No card?

If the image of your member ID card does not appear once you have signed in to the **Horizon Blue** app or **HorizonBlue.com** site, your enrollment has not yet been processed. Your member ID card will automatically be mailed to you after your enrollment is processed.

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**Spanish (Español):** Para ayuda en español, llame al **1-855-477-AZUL (2985) (TTY 711)**.

**Chinese (中文):** 如需中文協助，請致電 **1-800-355-BLUE (2583) (TTY 711)**.

There may be instances when member ID cards are not available online. Contact your benefits administrator, broker or Horizon BCBSNJ representative with questions.

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**HorizonBlue.com**



# The Right Care. The Right Time. The Right Place.



Get the care you need quickly, easily and for less. Where you go for care can make a difference in how long you wait and how much you'll pay out of pocket.

	Recommended for	Cost	Wait Time	How to Find
<b>Your Primary Doctor</b> 	Help with non-emergency medical issues as well as preventive and long-term care like: <ul style="list-style-type: none"> <li>• Annual wellness exam</li> <li>• Regular screenings</li> <li>• Scheduled vaccinations</li> <li>• Chronic condition management</li> </ul>	\$	<b>Varies</b> Make an appointment during office hours.	Sign in to the <b>Horizon Blue app</b> <sup>1</sup> or <a href="https://www.horizonblue.com">HorizonBlue.com</a> to find doctors, other health care professionals and hospitals.
<b>Horizon CareOnline<sup>SM</sup></b> 	Virtual care from a doctor for non-emergency illnesses like: <ul style="list-style-type: none"> <li>• Colds and/or flu symptoms</li> <li>• Sinusitis</li> <li>• Fever</li> <li>• Skin irritation</li> </ul>	\$	<b>Under 5 minutes<sup>2</sup></b> Available 24/7.	Sign in to the <b>Horizon Blue app</b> or <a href="https://www.horizonblue.com">HorizonBlue.com</a> to see a U.S. board-certified, licensed doctor 24/7 — no appointment needed. Behavioral health professionals are also available by appointment.
<b>Urgent Care or Retail Health Center<sup>3</sup></b> 	Help with non-emergency illnesses like: <ul style="list-style-type: none"> <li>• Moderate fever</li> <li>• Sprains or strains</li> <li>• Minor cuts or burns</li> <li>• Flu shots</li> </ul>	\$\$	<b>Under 30 minutes<sup>2</sup></b> Often open extended hours and weekends.	Sign in to the <b>Horizon Blue app</b> or <a href="https://www.horizonblue.com">HorizonBlue.com</a> to search for urgent care facilities.
<b>Emergency Room</b> 	For medical conditions that are so severe, they pose a risk to your life or long-term health like: <ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• High fever</li> <li>• Severe burns</li> <li>• Wounds that need stitches</li> </ul>	\$\$\$	<b>Over 1.5 hours on average<sup>4</sup></b> Open 24/7.	Call <b>911</b> , or go to the nearest Emergency Room.

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

<sup>1</sup> To download the **Horizon Blue app**, text **GetApp** to 422-272, or download it from the App Store® or Google Play™. There is no charge to download the **Horizon Blue app**, but rates from your wireless provider may apply.

<sup>2</sup> From [experityhealth.com/research/whats-the-average-wait-time-for-urgent-care/](https://www.experityhealth.com/research/whats-the-average-wait-time-for-urgent-care/)

<sup>3</sup> Retail Health Centers are clinics or health services that are located in retail pharmacy chains

<sup>4</sup> From [usnews.com/news/best-states/articles/2020-03-17/10-states-with-the-longest-emergency-room-wait-times](https://www.usnews.com/news/best-states/articles/2020-03-17/10-states-with-the-longest-emergency-room-wait-times)

For more information about Horizon CareOnline, visit [HorizonBlue.com/horizoncareonline](https://www.horizonblue.com/horizoncareonline). For technical assistance regarding the use of Horizon CareOnline, call the eService Desk at **1-888-777-5075**, weekdays, between 7 a.m. and 6 p.m., Eastern Time, or email [HorizonCareOnline@AmericanWell.com](mailto:HorizonCareOnline@AmericanWell.com). American Well is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in the administration of telehealth services. Services are not an insurance program and may be discontinued at any time.

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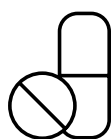
Spanish (Español): Para ayuda en español, llame al **1-888-556-5592** (TTY 711). Chinese (中文): 如需中文協助, 請致電 **1-888-556-5592** (TTY 711).

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# Amazon Pharmacy Prescription Home Delivery



Getting started with Amazon Pharmacy is easy — and you can save time and money. Amazon Pharmacy is fully accredited and can fill most brand name and generic medicines.<sup>1</sup>

## Amazon Pharmacy Offers:

- Easy online sign-up with the option of importing your medication history.
- An Amazon shopping experience with free two-day delivery for Amazon Prime members, or five-day delivery without Amazon Prime.
- 24/7/365 access to a pharmacist, or chat online with customer care for general questions.
- Clear pricing of medicines before checkout.

When you shop Amazon Pharmacy, you will also have access to the MedsYourWay<sup>®2</sup> discount card pricing, administered by Inside Rx. You will see the lowest available price — either your member copay, or the MedsYourWay discount price.<sup>3</sup>

## Sign Up for Amazon Pharmacy Today!

You can sign up for Amazon Pharmacy via:

- [HorizonBlue.com](https://HorizonBlue.com) by clicking on *Doctor & Care*, then *Prescriptions*, then *Amazon Pharmacy*.
- The **Horizon Blue app** by selecting *Prescriptions*, then *Home Delivery*, then *Amazon Pharmacy*.
- [amazon.com/horizonblue](https://amazon.com/horizonblue)

Once you are on the Amazon Pharmacy site, click *Get Started*. You'll need your member ID, RxBIN and RxPCN numbers, which are listed on your member ID card.

To fill a current prescription through Amazon Pharmacy, select the medicines you would like to fill.<sup>1</sup> Amazon Pharmacy will contact your doctor for a prescription, and let you know when your order is ready for check out and delivery.

For new prescriptions,<sup>1</sup> let your doctor know to send them to Amazon Pharmacy by:

ePrescribe: Amazon Pharmacy 001

FAX: **1-512-884-5981**

PHONE: **1-855-206-3605**, then press 1

MAIL: **4500 S Pleasant Valley Rd, Suite 201  
Austin, TX 78744**



Have questions or need help? Please call Amazon Pharmacy Customer Care at **1-855-549-1760**. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

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

<sup>1</sup> Amazon Pharmacy does not dispense Schedule II controlled substance drugs. If your medication has an unfulfilled requirement, the cost may not count toward your out-of-pocket maximum. The discount card pricing won't count toward the deductible for Medicare members.

<sup>2</sup> MedsYourWay drug discount pricing program, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of the prescription(s) when using the program. Limitations apply.

<sup>3</sup> Purchases of eligible and covered medicines automatically count toward your out-of-pocket maximum whether you choose your insurance or MedsYourWay pricing.

Amazon Pharmacy is contracted by Horizon Blue Cross Blue Shield of New Jersey to provide pharmacy home delivery services to Horizon Blue Cross Blue Shield of New Jersey members. Amazon Pharmacy and Inside Rx LLC are independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

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Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985) (TTY 711)**. Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (2583) (TTY 711)**.

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## Introducing a new way for your employees to get their medicines

When you give your employees pharmacy coverage through Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), you give them options to get their medicines at lower costs. Your covered employees now have access to a new, in-network home-delivery pharmacy option, PillPack by Amazon Pharmacy.

PillPack by Amazon Pharmacy offers your covered employees two convenient choices for ordering medicines at no additional cost. When ordered through PillPack, medicine comes either:

**1. Organized in pre-sorted packets so your employees never miss a dose.** PillPack will sort a 30-day supply of medicines into user-friendly packaging based on the time of day that your employees take them, making it easy to know which pills to take and when as directed by their doctor. Multiple prescriptions are coordinated to be filled on the same day and packaged in their prescribed doses. It also makes it easier to bring medicines when traveling or on the go;

OR

**2. As a 90-day supply in a bottle,** which may lower your employees' out-of-pocket costs.

### Peace of mind for your covered employees

When your employees use PillPack, they'll also know how much medicines will cost — even before an order is placed. Medicines are automatically refilled and delivered to your employee's home, on time and with free standard shipping. With upfront cost information and convenient refills, your employees save time and get peace of mind. PillPack will work with doctors and local pharmacies to transfer prescriptions on behalf of your employees.

### Your covered employees can sign up for PillPack today

Your employees can sign up for the service online at **PillPack.com/HorizonBlue** or by calling **1-855-494-4897**, 24/7.

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

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**HorizonBlue.com**





Horizon Blue Cross Blue Shield of New Jersey



## A HorizonBlue.com That's Designed for You

**HorizonBlue.com** has been enhanced so members like you can find essential information quickly and effortlessly on your desktop computer, smartphone or tablet. It's all part of our commitment to making your health insurance experience simpler and easier.

Did you know that no matter which device<sup>1</sup> you use, you can manage your health care when you sign in through **HorizonBlue.com** to Member Online Services? You can:

### Search for an in-network doctor, other health care professional, hospital or facility.

- Get directions to their location.
- View detailed information about a doctor or other health care professional.

### View your claims information.

- Review the copayment, coinsurance and deductible for a specific claim.
- Search for claims within a date range.

### Learn about your benefits.

- See product and coverage information.
- View benefits information, such as copayment, coinsurance and deductible.

### Get a virtual member ID card.

### Manage your account.

- Modify your profile.
- Change your Primary Care Physician (PCP), if one is required for your plan.
- Set your preferences for paperless Explanation of Benefits (EOB), emails and text alerts.

### Check authorizations and referrals, if required for your plan.

### Notify us of other insurance you may have so we can coordinate benefits.

### Contact us.

- Use *My Messages* or *Chat* to reach a Member Services Representative.
- Get a list of toll-free numbers to call for more information.

*Please note: Our mobile app, HorizonBlue, is currently unavailable. To access Member Online Services via a mobile device, just go to **HorizonBlue.com**.*

<sup>1</sup>Not all HorizonBlue.com tools and services may be compatible with every electronic device or available with every account. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2016 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.



**NEW Horizon Blue App**

# Care and support in your hand.



## OUR NEW APP CONNECTS YOU TO CARE AND SUPPORT WHEREVER YOU ARE.

Horizon Blue is a 24/7 connection to all the ins and outs of your plan. We're always looking for ways to make things more convenient for you.

### BENEFITS AND COVERAGE INFO

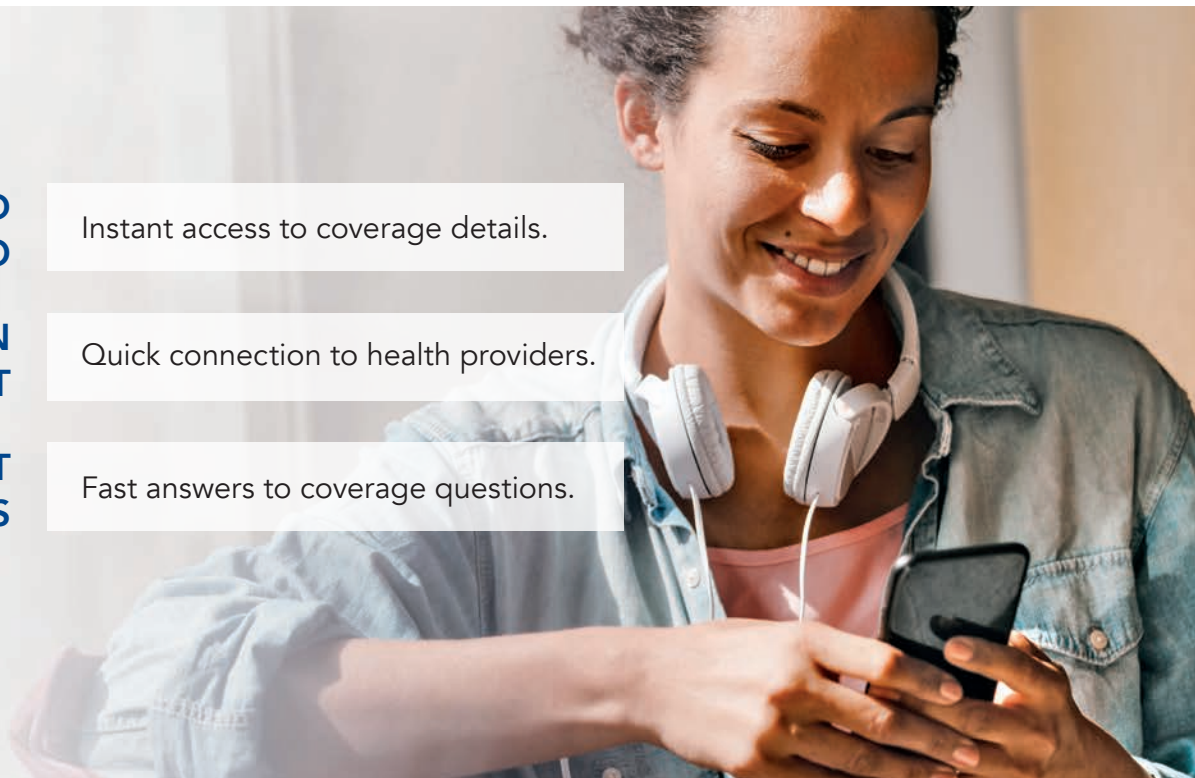
Instant access to coverage details.

### CARE WHEN YOU NEED IT

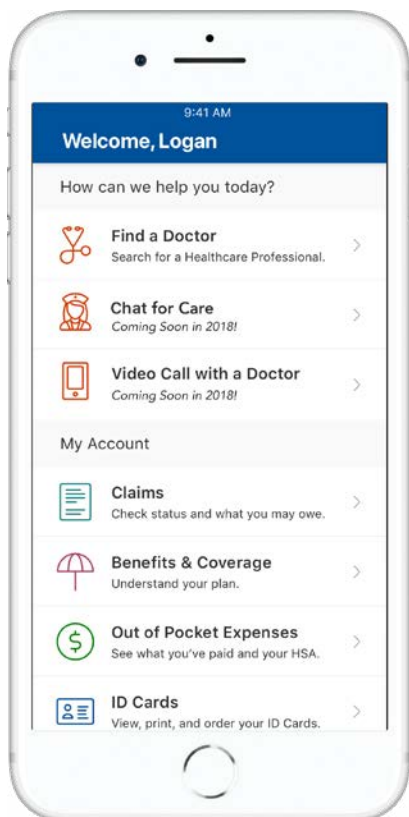
Quick connection to health providers.

### HORIZON SUPPORT IN YOUR HANDS

Fast answers to coverage questions.







**EASY TO GET AROUND,  
FREE TO DOWNLOAD.**



Text **GetApp** to **422-272**

**Make things a little  
more convenient.**

**Download for  
free today.**



Text **GetApp** to **422-272**



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

\*Chat for care and video call with a doctor available December 2018. | Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. | © 2018 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

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EC001535B (0918)



# Feel good, save money with Blue365®

**Horizon Blue Cross Blue Shield of New Jersey has resources that can help you manage your health and wellness – including the free Blue365 savings program.**

Blue365 is a free health and wellness discount program offered to you as a member of the Blue Cross and Blue Shield System.

Through the program, you can access exclusive discounts on gym memberships, fitness gear, healthy eating options and more.

Blue365 can help you build a path to living well through:

- Handpicked deals from premium brands that you recognize
- Better discounts than other health savings programs across nearly all categories
- Exclusive offers only available to Blue365 members
- Year-round discounts – no limited supplies, no limits on savings

## How it works

Once you sign up, you'll receive weekly emails with great deals and discounts from top national and local retailers. You can also search the Blue365 website to see all current deals. Plus, get ideas for feeling your best from Blue365's Healthy Tips page.

## Deal categories

- Apparel & Footwear
- Fitness
- Hearing & Vision
- Home & Family
- Nutrition
- Personal Care
- Travel

## Ready to start saving?

Learn more about Blue365, including how to sign up for deals, at [HorizonBlue.com/healthydiscounts](https://HorizonBlue.com/healthydiscounts). Join the more than 1 million members who have already signed up for Blue365.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

**Spanish (Español):** Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

**Chinese (中文):** 如需中文協助，請致電 **1-800-355-BLUE (2583)**。

Discount availability is subject to change at any time, and certain offers may include expiration dates.


Blue365® is brought to you by the Blue Cross Blue Shield Association (BCBSA). The BCBSA is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. Blue365® is a discount program, not a covered benefit, and the program may be terminated or changed without notice. The 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. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross®, Blue Shield® and Blue365® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2019 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.



[HorizonBlue.com/healthydiscounts](https://HorizonBlue.com/healthydiscounts)

EC002755 (0419)





# Exercise regularly? Get rewarded!

**HorizonbFit<sup>SM</sup>**, Horizon Blue Cross Blue Shield of New Jersey's fitness incentive program, rewards you for making your health and fitness a priority.

**HorizonbFit** rewards eligible Horizon BCBSNJ members for getting regular exercise.

Once you enroll, you become eligible to receive a \$20 reward for every month in which you:

- Visit a fitness facility 12 or more days a month
- Walk 10,000 steps a day for at least 12 days a month, or
- Complete any combination of visiting a fitness facility and/or walking 10,000 steps for a total of at least 12 days a month (for example, within the month, you visit a fitness facility for six days and walk 10,000 steps for six days).

With **HorizonbFit**, you can earn up to \$240 a year in rewards! Horizon BCBSNJ wants to help our members get and stay healthy.

## ActiveFit<sup>TM</sup> tracks visits, imports steps

**HorizonbFit** uses the free ActiveFit mobile app to make syncing your step count and reporting gym visits easy. ActiveFit imports your steps from a compatible health app (Apple Health, Google Fit<sup>TM</sup> and Fitbit<sup>®</sup>). It also uses your phone's GPS and Bluetooth services to detect when you've entered your gym and records and reports your activity for your monthly rewards.

Whether you're walking or hitting the gym, ActiveFit does the tracking for you. Download it free<sup>1</sup> from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

## How to enroll

Enrolling is free and easy at **HorizonbFit.com**. Here you can verify your eligibility using your member ID card number and set up your account.

If you are eligible for **HorizonbFit**, any dependents age 18 and older covered under your Horizon BCBSNJ plan are eligible to enroll in the program.

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**Spanish (Español):** Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

**Chinese (中文):** 如需中文協助，請致電 **1-800-355-BLUE (2583)**。

<sup>1</sup>There is no charge to download the ActiveFit app but rates from your wireless provider may apply.

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App Store<sup>SM</sup> is a service mark of Apple, Inc. Google Play<sup>TM</sup> and Google Fit<sup>TM</sup> are trademarks of Google, Inc.

The HorizonbFit program is offered to eligible Horizon Blue Cross Blue Shield of New Jersey members and is administered by Advanta Health Solutions. ActiveFit<sup>TM</sup> is a registered trademark of Advanta Health Solutions. Advanta Health Solutions is responsible for administering the program and processing reimbursements on behalf of Horizon BCBSNJ to credit qualifying members' accounts. Eligibility for the program is based on your Horizon BCBSNJ plan. Advanta Health Solutions is independent from and not affiliated

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EC002501 (1218)



**HorizonbFit.com**





# Introducing Horizon MindCare



As a Horizon member, you now have exclusive access to a private and secure online behavioral health platform. Horizon MindCare provides personalized behavioral health and resilience information, tools and resources.

## You have online access to:

- **Assessments:** Access multiple well-being assessments to learn more about your mental health. At the end of each assessment, you receive a score along with recommended resources and actionable steps.
- **Topic centers:** Check out over 230 mental health and well-being topics, along with associated resources conveniently organized in lists.
- **Resources:** Find a wealth of podcasts, books, articles and videos.
- **In-network care solutions:** Find in-network behavioral health providers, facilities and virtual health solutions.

To begin your journey towards better health, take the Wellness Check-In Assessment. This assessment will match you with evidence-based, in-network solutions that match your specific needs. You can choose between self-help resources and professional services.



To access Horizon MindCare, sign in to [HorizonBlue.com](https://HorizonBlue.com) or the **HorizonBlue app**<sup>1</sup> and select *Horizon Behavioral Health*.

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

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (TTY 711)**. Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (TTY 711)**.

<sup>1</sup>To download the **Horizon Blue app**, text **GetApp** to **422-272**, or download it from the App Store® or Google Play™. There is no charge to download the **Horizon Blue app**, but rates from your wireless provider may apply. App Store® is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play™ is a trademark of Google LLC.

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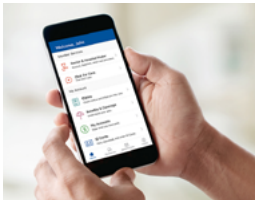
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ECN009882A (0923)



# Get More From Your Horizon Health Plan

Get well, stay well and stay connected with tools and resources



## 24/7 Secure Account

Get support and care from your mobile device or computer – anytime, anywhere – with the **Horizon Blue app** and [HorizonBlue.com](https://www.horizonblue.com). Register and sign in to:

- View health plan details.
- Check claims status.
- Find in-network doctors, hospitals and other health care professionals.
- Get online health care from doctors.
- View, email or text your member ID card to your doctors and covered dependents.
- Connect with Member Services to get answers to your questions.

To get the app, text **GetApp** to **422-272**, or download it from the App Store® or Google Play™.

## Get care and advice from the comfort of your home.



### Care Anytime, Anywhere

Visit with doctors 24 hours a day, seven days a week via video with **Horizon CareOnline<sup>SM</sup>**. Get treated for common health conditions, including colds and flu, fever, abdominal pain, sinusitis, skin irritations and more, without an appointment. You can also make an appointment to see behavioral health specialists from 7 a.m. to 11 p.m., for conditions such as anxiety, attention deficit/hyperactivity disorder (ADHD), bipolar disorder and depression.

Urgent medical care services for Horizon CareOnline are provided by U.S. board-certified, licensed doctors who average 15 years of experience in primary/urgent care.

Use **Horizon CareOnline** from the **Horizon Blue app** or sign in at [HorizonBlue.com](https://www.horizonblue.com).

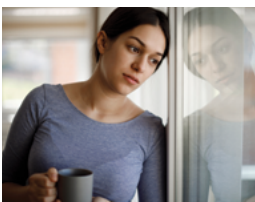


### Talk to a Nurse Day or Night

When you have everyday health questions, or when you're faced with a more serious situation, you can call the **24/7 Nurse Line** anytime to get doctor-approved information about:

- What level of care (such as telemedicine, urgent care or self-care) may be best for your needs.
- A diagnosis from your doctor.
- Nutrition and exercise.
- Health screenings and immunizations.

Call the **24/7 Nurse Line** anytime at **1-888-624-3096**.



### Wellness for Body and Mind

With **Horizon Behavioral Health<sup>SM</sup>**, you'll get the right care through our extensive network of health care professionals and facilities, community organizations, online resources and digital tools. The Horizon Behavioral Health team will help you get the support you need 24/7.

Services include:

- Individual and group counseling
- Autism care management
- Substance Use Disorder treatment
- Crisis intervention
- Postpartum depression and maternity care
- An online self-serve platform to over 230 mental health and well-being topics, along with associated resources, such as videos, article, blogs and more.

Call **1-800-626-2212** or sign in to the **Horizon Blue app** or at [HorizonBlue.com](https://www.horizonblue.com).



## Understanding Your Medicine Coverage

Your plan includes prescription coverage through Horizon Pharmacy. You have access to comprehensive prescription coverage accepted at 96 percent of pharmacies in New Jersey, as well as Amazon Pharmacy for home delivery of up to a 90-day supply of your medicines. We'll help you get the medicine you need to feel better and live well.

Learn more at [HorizonBlue.com/pharmacy](https://HorizonBlue.com/pharmacy).



## Support for a Healthy Pregnancy

If you're a parent-to-be, enrolling in PRECIOUS ADDITIONS® offers rewards, resources and online tools to help you have a healthy pregnancy. You can earn a \$50 reimbursement just for completing a prenatal parent class. The program also provides online access to educational information, including the *Mayo Clinic Guide to a Healthy Pregnancy*, plus a healthy pregnancy calendar. And with links to tools like **Pregnant Partner Support Plan** from WebMD®, you can track your baby's development, and learn more about maintaining healthy habits, both physically and mentally, during pregnancy.

Learn more and enroll at [HorizonBlue.com/preciousadditions](https://HorizonBlue.com/preciousadditions).



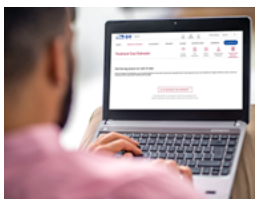
## Online Health Management Tool

Manage your health securely and confidentially, with **My Health Manager**, powered by WebMD®. Customize your content based on your needs and health interests.

Complete your online health assessment and earn a \$50 e-gift card. It's quick, convenient and it will provide you with a personalized health report in just minutes.

You can also use the Personal Health Record to store, track and manage your health information, including your immunization record, lab tests and medicines.

Sign in to **My Health Manager** at [HorizonBlue.com](https://HorizonBlue.com).



## Learn About Cost Before Care

Get important information about what you're likely to pay for anticipated care with the **Treatment Cost Estimator**.<sup>1</sup> Estimates are based on claims Horizon has received and your health plan details. You can also find out which in-network health care professionals near you provide a specific service and view potential questions to ask your doctor that can help you lower your out-of-pocket costs.

To use the **Treatment Cost Estimator**, sign in at [HorizonBlue.com](https://HorizonBlue.com).



## Save on Health and Wellness

Access exclusive health and wellness discounts through the free **Blue365**® program. Once you sign up, you'll receive weekly emails with great deals and discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.

Learn more about **Blue365** at [Blue365deals.com/HorizonBCBS/](https://Blue365deals.com/HorizonBCBS/).



## Rewards for Exercising

**HorizonbFit** is a free program that rewards you up to \$240 a year for getting regular exercise. Get a \$20 incentive for every month in which you:

- Work out at home for 12 or more days, or
- Walk 10,000 steps a day for at least 12 days, or
- Visit a participating fitness facility for 12 or more days, or

Complete any combination of these activities for a total of 12 days in a month.

Learn more at [HorizonBlue.com](https://HorizonBlue.com).



## Spend Less with In-Network Care

When you have a medical emergency, go to the nearest Emergency Room. But when your illness or injury is not severe, consider an **in-network urgent care center** or **retail health center**. Both can handle basic injuries and minor illnesses, and at a fraction of the cost of the ER. For routine and preventive health care, see your **primary doctor**. Routine care, such as an annual wellness visit, is not covered at urgent care centers or retail health centers.

To find in-network care, sign in to the **Horizon Blue app** or at [doctorfinder.horizonblue.com](https://doctorfinder.horizonblue.com).



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

<sup>1</sup> Costs are only estimates and may vary when claims are finalized. These estimates do not include unusually high or low claims for services.

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Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985)** (TTY **711**). Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (2583)** (TTY **711**).

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WebMD® is a registered mark of WebMD, Inc. WebMD provides health assessment tools and wellness education to Horizon Blue Cross Blue Shield of New Jersey members. WebMD is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

For more information about Horizon CareOnline, visit [HorizonBlue.com/horizoncareonline](https://HorizonBlue.com/horizoncareonline). For technical assistance regarding the use of Horizon CareOnline, call the eService Desk at **1-888-777-5075** to speak with an agent, weekdays, between 7 a.m. and 6 p.m., Eastern Time, or email [HorizonCareOnline@AmericanWell.com](mailto:HorizonCareOnline@AmericanWell.com). American Well is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in the administration of telehealth services.

Nurse programs are for informational purposes only. Health care professionals cannot provide a diagnosis or recommend specific treatment, and they are not a substitute for a doctor's care. Services are not insurance programs and may be discontinued at any time. In an emergency, go to the nearest hospital or doctor or call **911**.

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

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