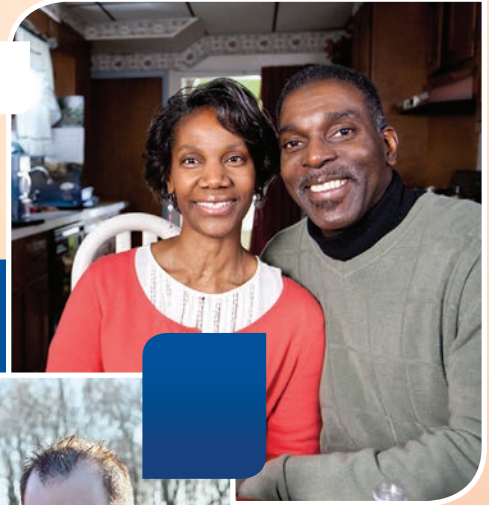


Your Plan Decision Guide

For Individual & Family
Health Insurance Coverage



Horizon Blue Cross Blue Shield of New Jersey



Health care reform is here. And some things are **changing**.

Starting in 2014, nearly everyone will be required to have health insurance coverage (or pay a tax penalty).

.....

What does this mean for you?

NEW HEALTH INSURANCE OPTIONS

A range of plan choices grouped by "metal"—Gold, Silver and Bronze—helps you compare costs.

NEW ESSENTIAL BENEFITS

Coverage for preventive care, prescription drugs, enhanced services for kids, emergency services and more—10 categories of benefits in all—are included in every plan.

NEW FINANCIAL ASSISTANCE

Depending on your age, income and family size, government assistance may help you save on monthly premiums and medical services.

But you can still rely on the **power of Blue.**

Get the coverage you deserve from New Jersey's most trusted name in health insurance—Horizon Blue Cross Blue Shield of New Jersey.

We offer:

- » New Jersey's largest network of doctors and hospitals*
- » Prescription drug coverage accepted at 98% of pharmacies across the state
- » The strength and stability that comes with more than 80 years of experience and over 3.7 million members

It all adds up to peace of mind.

*Applies to Advantage plans only. Advance plans use a subset of managed care network providers that includes fewer providers.



In this guide...

You'll find the information you need to make smart choices about health coverage.

WHY HEALTH INSURANCE?

Find out why you should have health insurance, and see if you qualify for financial assistance to help pay for it.

Page 2

COMPARE PLAN TYPES

Learn about health plan types and how they differ.

Page 4

COMPARE BENEFITS

See coverage details for each of our plan options.

Page 6

LEARN ABOUT DENTAL COVERAGE & PERKS

Review dental coverage options and learn about the Blue365 discount program.

Page 10

GET READY TO ENROLL

Start with our checklist to help you gather the information you'll need. Then, enroll online, by phone or by filling out an enrollment form.

Page 12

Why do I need health insurance?

Even if you're generally healthy, you could get sick or injured. And if you don't have health coverage, medical care can be expensive.

.....

That's why, starting in 2014, the Affordable Care Act says that we all need to have health insurance. You may think you don't need health insurance, but by sharing the cost of medical care across all of us—even those of us who are healthy right now—health insurance makes care affordable when you *do* need it.

Health insurance helps pay for doctors, medical tests, hospitalization and prescription drugs. To help you stay well, it also pays for routine preventive care. Of course, how much your coverage will pay—and how much you'll pay—depends on the plan you choose. Read on to learn all about our individual health plans, how to compare costs and benefits, and how to pick the one that's right for you.

.....

Am I required to buy health insurance?

Yes. Starting in 2014, if you don't have health coverage, you could be subject to a penalty on your next year's tax return. Wouldn't it be better to put your money toward health coverage (and possibly getting help to pay for it) rather than toward paying a penalty?

To buy an individual health plan from Horizon BCBSNJ, you must:

- » Be a New Jersey resident
- » Not be covered under another group or employer health plan
- » Not be eligible for Medicare*

Note: If you have existing individual coverage, you will need to end that coverage when your new plan begins.

**If you're eligible for Medicare, Horizon BCBSNJ has other options for you.
Visit **Medicare.HorizonBlue.com** or call **1-877-234-1240**.*



Can I get help with paying for health insurance?

Under the Affordable Care Act, you may qualify for financial help from the government:

PREMIUM ASSISTANCE reduces your monthly cost for coverage, which means you pay less out of pocket.

You may also qualify for:

COST-SHARING SUBSIDIES, which lower the amount you have to pay in deductibles, copayments and coinsurance.

How much assistance could I get?*

That depends on your household income and the number of people in your household, along with other factors. The chart to the right will give you a good idea. For a more complete financial assistance estimate, visit [HorizonBlue.com/Estimator](https://horizonblue.com/Estimator).

- 1 Find the number of people in your household, including yourself, at the top of the chart.
- 2 Choose the dollar range on the left that comes closest to your household income.
- 3 Find the spot where your Household Members column and your Household Income row meet. If you land on a colored box, you may be able to get help with paying for health insurance.
- 4 Think you may qualify for help? Several factors besides household income and size can affect your eligibility. Visit [HorizonBlue.com/Estimator](https://horizonblue.com/Estimator), answer a few questions and find out just how much you could save.
- 5 Write your estimated premium assistance amount (if any) from [HorizonBlue.com/Estimator](https://horizonblue.com/Estimator) below.

| Household Income | Household Members | | | | | |
|-------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| \$0–15,850 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$15,851–21,400 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$21,401–26,950 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$26,951–32,500 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$32,501–38,050 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$38,051–43,600 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$43,601–45,700 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$45,701–62,050 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$62,051–78,100 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$78,101–94,200 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$94,201–110,300 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$110,301–126,350 | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |
| \$126,351 or more | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance | Eligible for financial assistance |

MY ESTIMATED MONTHLY ASSISTANCE:

- Eligible for financial assistance
- Eligible for Medicaid
- Not eligible for financial assistance

What's next?

If you entered an estimated premium assistance amount above, keep it in mind as you review our plans and benefits.

Whether or not you qualify for financial help, keep reading to learn about our health plans and how to choose the one that's best for you.

Note: If you're eligible for Medicaid, Horizon BCBSNJ has other options for you. Please visit [HorizonNJHealth.com](https://horizonnjhealth.com) or call **1-800-637-2997** to learn more.

**This is only an estimate. This estimate does not constitute a promise or offer of financial assistance from Horizon BCBSNJ to purchase health insurance. The actual amount you may be eligible for when you apply for an insurance policy on the health insurance marketplace may vary based upon age, household income, household size, ZIP code and effective date.*

Compare Plan Types

Gold, Silver or Bronze?

Under the Affordable Care Act, individual health plans are organized by “metal.” The idea is to make it easy for you to compare similar plans from different insurers.

Each metal—Gold, Silver and Bronze—corresponds to how much you pay versus how much we pay.

In addition to plans at the Gold, Silver and Bronze levels, Horizon BCBSNJ offers a low-cost, high-deductible Essentials plan for individuals under age 30.

GOLD

- » Higher monthly premiums
- » 80% coverage (you pay 20%)
- » Good choice if you expect to use a fair amount of medical services

SILVER

- » Mid-level monthly premium
- » 70% coverage (you pay 30%)
- » Cost-sharing subsidies may be available
- » Good choice if you want a balance between monthly premiums and out-of-pocket expenses

BRONZE


- » Low monthly premium
- » 60% coverage (you pay 40%)
- » Good choice if you don’t expect to use a lot of medical services

ESSENTIALS

- » Low monthly premiums
- » Highest deductible
- » 100% coverage after deductible
- » Good choice if you are under age 30, healthy and don’t expect to use a lot of medical services

Advance or Advantage?

For individuals and families, Horizon BCBSNJ offers two kinds of plans. Each provides medical and pharmacy benefits, including wellness and emergency care.

| | | HORIZON ADVANCE EPO | HORIZON ADVANTAGE EPO |
|-------------|---|------------------------|--------------------------|
| PCP | Each member must choose a Primary Care Physician (PCP) to coordinate care. | ✓ | |
| | Choosing a Primary Care Physicians is not required, but out-of-pocket costs are lower when a PCP coordinates care. | | ✓ |
| SPECIALISTS | A PCP referral is needed in order to see a specialist. | ✓ | |
| | No referral is needed to see a specialist. | | ✓ |
| HOSPITALS | Hospitals with the  icon in our provider directory will cost less. Other hospitals in the Horizon Managed Care Network are available to you, but will cost more. | ✓ | |
| | Access to hospitals participating in the Horizon Managed Care Network. | | ✓ |
| | | GOLD | |
| | | SILVER | SILVER |
| | | | BRONZE |
| | | | ESSENTIALS |



TERMS TO KNOW:

PREMIUM: What you pay each month for health insurance coverage.

COPAYMENT: The amount you must pay 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 are responsible for. For example, if you have 20% coinsurance, your plan pays 80% of covered charges and you pay 20%.

DEDUCTIBLE: The amount of covered charges you must pay each year before benefits are paid by your plan.

OUT-OF-POCKET MAXIMUM: The most you must pay for covered health care services during a plan year. Once you have reached your out-of-pocket maximum, your plan pays 100% of covered costs for the rest of the year.

WHAT'S AN EPO?

EPO stands for Exclusive Provider Organization. Horizon EPO plans offer affordable care when you use participating doctors, specialists and hospitals. Depending on the plan you choose, you may need to select a PCP who will coordinate your care and make referrals to specialists when needed. Except for emergency care, out-of-network care is not covered.

UNDER 30 YEARS OLD? CHECK OUT THE HORIZON ESSENTIALS PLAN

A low-cost option that complements an active, healthy lifestyle.

..... NEED HELP DECIDING?

What kind of health insurance customer are you?

GOLD & SILVER

VS.

SILVER & BRONZE

How much medical care do you typically use?

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 and Silver plans with higher premiums, but lower deductibles and out-of-pocket costs.

Not much—You get an annual checkup and preventive care, but rarely see doctors otherwise.

Consider: Silver and Bronze plans with lower premiums, but higher deductibles and out-of-pocket costs; Essentials plan (under age 30 only).

ADVANCE

VS.

ADVANTAGE

Would you pay more for greater flexibility?

No—You will need a PCP referral to see a specialist. Hospitals with the **P** icon in our provider directory will cost less.

Consider: Advance EPO plans. You must select a Primary Care Physician (PCP).

Yes—You won't need a PCP referral to see a specialist.

Consider: Advantage EPO plans. You can choose a PCP, but it's not required.

GOLD, SILVER, BRONZE

VS.

ESSENTIALS

Are you under age 30 and generally healthy?

No

Consider: Gold, Silver or Bronze plans.

Yes

Consider: Advantage EPO Essentials plan with a low premium but high deductible, and no copayment for your first three PCP visits each year.

.....

Are you eligible for cost-sharing subsidies? You must choose a Silver plan in order to take advantage of them.

Compare Benefits

Starting in 2014, all our health insurance plans will include these 10 categories of essential health benefits:

- » Outpatient services, such as diagnostic tests and minor surgeries
- » Emergency services
- » Hospitalization
- » Maternity and newborn care
- » Mental health and substance-abuse-disorder services, including behavioral health treatment
- » Prescription drugs
- » Rehabilitative services and devices
- » Laboratory services
- » Preventive and wellness services and chronic disease management
- » Pediatric services, including oral and vision care

No matter which Horizon BCBSNJ plan you choose, you'll have comprehensive health coverage you can rely on.

HOW TO CHOOSE A PLAN:

1 UNFOLD THE TABLE TO THE RIGHT

2 COMPARE BENEFITS

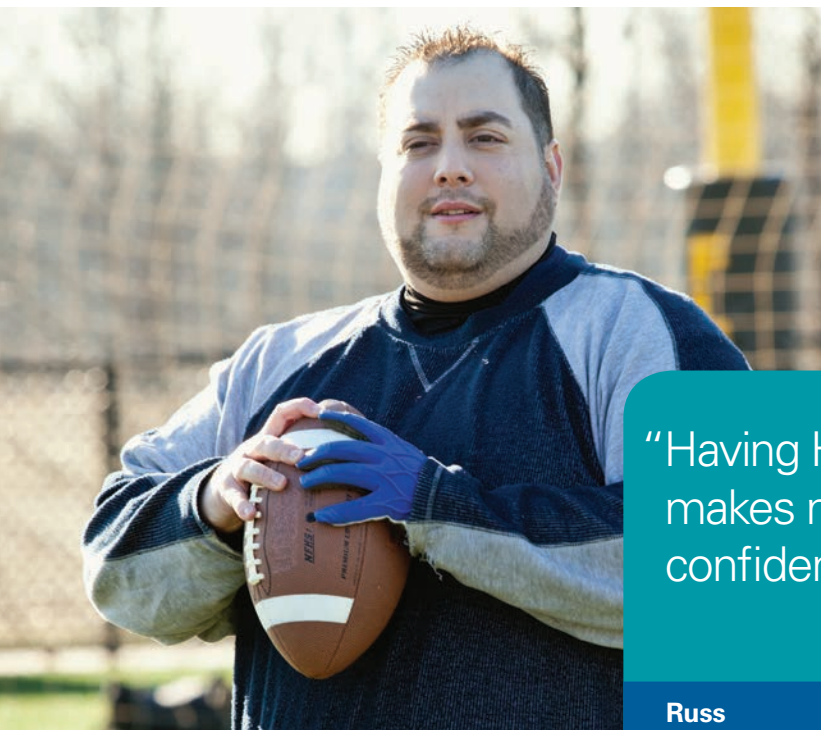
For each plan, you can see the annual deductible and maximum out-of-pocket expense, along with copayments and coinsurance amounts for typical services.

3 CHECK COSTS

What you'll pay depends on several factors, including the plan you choose, whom you'll be covering, where you're located and whether you qualify for assistance.

Monthly premium rates for each plan appear on page 8. To find out if you're eligible for premium assistance or cost-sharing subsidies, please visit HorizonBlue.com/Estimator, call 1-888-425-5611 or call your broker.

4 CHOOSE A PLAN



"Having Horizon makes me more confident."

Russ
Mount Laurel, New Jersey



Plans & Benefits

THINGS TO CONSIDER WHEN CHOOSING A PLAN...

All plans will include the 10 categories of essential health benefits.

- » **ADVANCE PLANS** require a referral before you can see a specialist. Where you see two numbers for a deductible or coinsurance amount, the first applies if you get services at **P** hospitals and the second if you use services at non-**P** hospitals. Check the provider directory at **Directory.HorizonBlue.com** for details.
- » **ADVANTAGE PLANS** don't require a PCP or specialist referrals.
- » **THE ESSENTIALS PLAN** is a low-cost, high-deductible option designed for healthy individuals under age 30.
- » **GOLD, SILVER AND BRONZE** plan levels correspond to how much you pay versus how much Horizon BCBSNJ pays when you get care.

TERMS TO KNOW

- » **PREMIUM:** What you pay each month for health insurance coverage.
- » **COPAYMENT:** The amount you must pay 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:** The most you must pay for covered health care services during a plan year.

What will it cost? See page 8 for monthly premiums and instructions.

Questions? Visit **Buy.HorizonBlue.com**, call **1-888-425-5611** or contact your broker.

If you qualify for premium assistance, you can apply it to any Gold, Silver or Bronze plan. But if you also qualify for cost-sharing subsidies, you must select a Silver plan to take advantage of them.

| BENEFITS | |
|------------------------------------|--|
| GENERAL PROVISIONS | Primary Care Physician (PCP) Required? |
| | Out-of-Network/Area Coverage? |
| | Individual Deductible |
| | Family Deductible |
| | Individual Maximum Out-of-Pocket |
| | Family Maximum Out-of-Pocket |
| HEALTH CARE SERVICES | PCP Office Visits & Consultations |
| | Specialist Visits & Consultations |
| DIAGNOSTIC TESTS AND IMAGING | Lab/Radiology/Imaging PCP Office |
| | Lab/Radiology/Imaging Specialist Office |
| | Lab/Radiology/Imaging Outpatient |
| PHARMACY SERVICES | Generic Drugs |
| | Preferred Brand Drugs |
| | Non-Preferred Brand Drugs and Specialty Drugs |
| OUTPATIENT SURGERY SERVICES | Both Hospital & Physician/ Surgeon Fees |
| | Both Ambulatory Surgical Hospital and Physician/Surgeon Fees |
| EMERGENCY/URGENT MEDICAL SERVICES | ER Hospital |
| | ER Professional/Medical Transportation |
| | Urgent Care Center |
| HOSPITAL SERVICES | Hospital |
| | Physician/Surgeon |
| BEHAVIORAL HEALTH/ SUBSTANCE ABUSE | PCP |
| | Specialist Office Visit |
| | Outpatient/Inpatient |
| MATERNITY SERVICES | Delivery and All Inpatient Services |
| OTHER SERVICES | In-home Health Care |
| | Rehabilitation, Hospice & Skilled Nursing Care—Inpatient |
| | Durable Medical Equipment |
| | Chiropractic Care— 30 visits per year maximum |



QUESTIONS? | 1-888-425-5611 or contact your broker

| Horizon Advance EPO Gold | Horizon Advance EPO Silver | Horizon Advantage EPO Silver | Horizon Advantage EPO Bronze | Horizon Advantage EPO Essentials |
|---|---|--|--|---|
| Yes | Yes | No; higher copayment | No; higher copayment | No; higher copayment |
| No | No | No | No | No |
| P \$1,000 / non-P \$2,000 | P \$1,500/ non-P \$2,500 | \$2,000 | \$2,500 | \$6,350 |
| P \$2,000/ non-P \$4,000 | P \$3,000/ non-P \$5,000 | \$4,000 | \$5,000 | \$12,700 |
| P \$2,500/ non-P \$4,000 | P \$5,000/ non-P \$6,350 | \$6,350 | \$6,350 | \$6,350 |
| P \$5,000/ non-P \$8,000 | P \$10,000/ non-P \$12,700 | \$12,700 | \$12,700 | \$12,700 |
| \$15 copayment | \$30 copayment | \$25 copayment | Deductible then \$30 copayment | \$0 copayment for three visits then Deductible |
| \$30 copayment | Deductible then 30% coinsurance | \$50 copayment | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$15 copayment | \$30 copayment | \$25 copayment | \$30 copayment | Deductible then 0% coinsurance |
| \$30 copayment | Deductible then 30% coinsurance | \$50 copayment | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$10 copayment (retail) \$20 copayment (mail order) | Deductible then 30% coinsurance | \$15 copayment (retail) \$30 copayment (mail order) | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| 40% coinsurance | Deductible then 30% coinsurance | 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| 50% coinsurance | Deductible then 30% coinsurance | 50% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then 20% coinsurance | Deductible then 30% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$100 copayment & deductible, then P 20% or non-P 40% coinsurance | \$100 copayment & deductible, then P 30% or non-P 50% coinsurance | \$100 copayment & deductible, then 40% coinsurance | \$100 copayment & deductible, then 50% coinsurance | \$100 copayment & deductible, then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$30 copayment | Deductible then 30% coinsurance | \$50 copayment | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$15 copayment | \$30 copayment | \$25 copayment | Deductible then \$30 copayment | Deductible then 0% coinsurance |
| \$30 copayment | Deductible then 30% coinsurance | \$50 copayment | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$15 copayment | \$30 copayment | \$25 copayment | Deductible then \$30 copayment | Deductible then 0% coinsurance |
| Deductible then P 20% or non-P 40% coinsurance | Deductible then P 30% or non-P 50% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| Deductible then 20% coinsurance | Deductible then 30% coinsurance | Deductible then 40% coinsurance | Deductible then 50% coinsurance | Deductible then 0% coinsurance |
| \$15 copayment | \$30 copayment | \$25 copayment | Deductible then \$30 copayment | Deductible then 0% coinsurance |

"It's peace of mind knowing that my daughter has Horizon."

Nadine
Elmwood Park, New Jersey



Want to know if your doctor or hospital is in our network?

1

GO TO [DIRECTORY.HORIZONBLUE.COM](https://directory.horizonblue.com) AND SEARCH BY YOUR DOCTOR'S NAME, LOCATION OR SPECIALTY

2

SEE WHICH NETWORKS YOUR DOCTOR PARTICIPATES IN

- » For Horizon Advance EPO plans, look for: ✓ **Horizon Advance EPO**
- » For Horizon Advantage EPO plans, look for: ✓ **Horizon Advantage EPO**
- » You can look up specialists in the same way

3

SEE IF A HOSPITAL IS IN NETWORK

- » For Horizon Advance EPO plans, look for: ✓ **Horizon Advance EPO**. When you select a participating hospital identified with the **P** icon, your out-of-pocket costs will be lower.
- » For Horizon Advantage EPO plans, look for: ✓ **Horizon Advantage EPO**

Any doctor or other health care provider you choose must participate in your Horizon BCBSNJ EPO health plan. Except for an emergency, any care you get from a provider who doesn't participate in your plan's network will not be covered, and you will be responsible for the total cost.

Monthly Premiums

Here are the monthly premium rates for our Horizon BCBSNJ plans. **Your premium may be less** if you qualify for financial assistance from the government. To see if you qualify, use our online estimator at HorizonBlue.com/Estimator.

TO CALCULATE YOUR MONTHLY PREMIUM:

- 1 Choose a plan and write its name on your worksheet to the right.
- 2 In the column under that plan name, find the row for your age to see your monthly premium. Enter your age and the premium in the worksheet.
- 3 Do the same for each adult and child under age 21 in your family. All your entries must be for the same plan in the same column.
- 4 Your estimated monthly premium will be the total of the rates for each person on the plan, based on their ages, after subtracting any estimated assistance.
- 5 Need to cover more than three children under age 21? You pay only for the first three.

Note: If you qualify for premium assistance, you can apply it to any Gold, Silver or Bronze plan. But you must select a Silver plan to take advantage of cost-sharing subsidies.

| Age | Advance EPO Gold | Advance EPO Silver | Advantage EPO Silver | Advantage EPO Bronze | Advantage EPO Essentials |
|------|---------------------|-----------------------|-------------------------|-------------------------|-----------------------------|
| 0-20 | \$ 220.14 | \$ 176.93 | \$ 195.53 | \$ 173.21 | \$ 112.65 |
| 21 | 346.68 | 278.62 | 307.91 | 272.77 | 177.40 |
| 22 | 346.68 | 278.62 | 307.91 | 272.77 | 177.40 |
| 23 | 346.68 | 278.62 | 307.91 | 272.77 | 177.40 |
| 24 | 346.68 | 278.62 | 307.91 | 272.77 | 177.40 |
| 25 | 348.07 | 279.74 | 309.15 | 273.86 | 178.11 |
| 26 | 355.00 | 285.31 | 315.30 | 279.32 | 181.66 |
| 27 | 363.32 | 292.00 | 322.69 | 285.87 | 185.92 |
| 28 | 376.84 | 302.86 | 334.70 | 296.50 | 192.84 |
| 29 | 387.94 | 311.78 | 344.56 | 305.23 | 198.51 |
| 30 | 393.48 | 316.24 | 349.48 | 309.60 | |
| 31 | 401.80 | 322.93 | 356.87 | 316.14 | |
| 32 | 410.12 | 329.61 | 364.26 | 322.69 | |
| 33 | 415.32 | 333.79 | 368.88 | 326.78 | |
| 34 | 420.87 | 338.25 | 373.81 | 331.15 | |
| 35 | 423.64 | 340.48 | 376.27 | 333.33 | |
| 36 | 426.42 | 342.71 | 378.73 | 335.51 | |
| 37 | 429.19 | 344.94 | 381.20 | 337.69 | |
| 38 | 431.97 | 347.17 | 383.66 | 339.87 | |
| 39 | 437.51 | 351.62 | 388.59 | 344.24 | |
| 40 | 443.06 | 356.08 | 393.51 | 348.60 | |
| 41 | 451.38 | 362.77 | 400.90 | 355.15 | |
| 42 | 459.35 | 369.18 | 407.99 | 361.42 | |
| 43 | 470.45 | 378.09 | 417.84 | 370.15 | |
| 44 | 484.31 | 389.24 | 430.16 | 381.06 | |
| 45 | 500.61 | 402.33 | 444.63 | 393.88 | |
| 46 | 520.02 | 417.94 | 461.87 | 409.16 | |
| 47 | 541.86 | 435.49 | 481.27 | 426.34 | |
| 48 | 566.82 | 455.55 | 503.44 | 445.98 | |
| 49 | 591.44 | 475.33 | 525.30 | 465.35 | |
| 50 | 619.17 | 497.62 | 549.93 | 487.17 | |
| 51 | 646.56 | 519.63 | 574.26 | 508.72 | |
| 52 | 676.72 | 543.87 | 601.05 | 532.45 | |
| 53 | 707.23 | 568.39 | 628.14 | 556.45 | |
| 54 | 740.17 | 594.86 | 657.40 | 582.37 | |
| 55 | 773.10 | 621.33 | 686.65 | 608.28 | |
| 56 | 808.81 | 650.03 | 718.36 | 636.38 | |
| 57 | 844.86 | 679.01 | 750.39 | 664.75 | |
| 58 | 883.34 | 709.93 | 784.56 | 695.02 | |
| 59 | 902.41 | 725.26 | 801.50 | 710.03 | |
| 60 | 940.89 | 756.19 | 835.68 | 740.30 | |
| 61 | 974.18 | 782.93 | 865.24 | 766.49 | |
| 62 | 996.02 | 800.49 | 884.64 | 783.67 | |
| 63 | 1,023.40 | 822.50 | 908.96 | 805.22 | |
| 64+ | 1,040.04 | 835.86 | 923.73 | 818.31 | |



Plan Choice:

| | Age | Amount |
|---|-----|--------------|
| Yourself: | | |
| + Spouse/Civil Union/ Domestic Partner: | | |
| + Other Adult Dependent: | | |
| + Other Adult Dependent: | | |
| + Child 1: | | |
| + Child 2: | | |
| + Child 3: | | |
| + Child 4 or more: | | Free! |
| Subtotal: | | |
| - Estimated Assistance: <i>from page 3</i> | | |
| Your Estimated Monthly Cost: | | |

Plan Choice:

| | Age | Amount |
|---|-----|--------------|
| Yourself: | | |
| + Spouse/Civil Union/ Domestic Partner: | | |
| + Other Adult Dependent: | | |
| + Other Adult Dependent: | | |
| + Child 1: | | |
| + Child 2: | | |
| + Child 3: | | |
| + Child 4 or more: | | Free! |
| Subtotal: | | |
| - Estimated Assistance: <i>from page 3</i> | | |
| Your Estimated Monthly Cost: | | |

Meet some typical New Jersey residents...

They're shopping for health insurance, too.



Charlie

Young adult, age 31
Annual household
income: \$55,000

Recommended Plan: **Horizon Advantage EPO Bronze**
Eligible for Assistance? **No**

| | Age | Amount |
|--------------------------------|-----|-----------------|
| Charlie | 31 | \$316.14 |
| Subtotal: | | \$316.14 |
| - Estimated Assistance: | | \$0 |
| Estimated Monthly Cost: | | \$316.14 |



Mary & Jorge

Mary, age 39
Jorge, age 40
Sofia, age 8
David, age 6
Annual household
income: \$70,000

Recommended Plan: **Horizon Advance EPO Silver**
Eligible for Assistance? **Yes**

| | Age | Amount |
|--------------------------------|-----|-------------------|
| Mary | 39 | \$351.62 |
| + Jorge | 40 | \$356.08 |
| + Sofia | 8 | \$176.93 |
| + David | 6 | \$176.93 |
| Subtotal: | | \$1,061.56 |
| - Estimated Assistance: | | \$409.00 |
| Estimated Monthly Cost: | | \$652.56 |

These estimates do not constitute a promise or offer of financial assistance from Horizon BCBSNJ to purchase health insurance. The actual amount you may be eligible for when you apply for an insurance policy on the health insurance marketplace may vary based upon age, household income, household size, ZIP code and effective date.



Learn about Dental Coverage

Covering a child under age 19?

Under the Affordable Care Act, you may be required to purchase comprehensive pediatric dental coverage for children covered under your family plan. To help you meet this requirement, we offer Horizon Young Grins dental coverage.

HORIZON YOUNG GRINS DENTAL PLAN

The Horizon Young Grins dental plan emphasizes prevention and early intervention through routine oral screenings and evaluations, all to help keep those young grins healthy and looking their best.

Note: Do you have comprehensive pediatric dental coverage from another insurer? Just let us know, and we'll waive the Horizon Young Grins coverage requirement for your children. The additional monthly premium for Horizon Young Grins coverage is \$24.97 per child under age 19. For three or more children under age 19, you'll pay a maximum of \$74.91 monthly.

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Want dental coverage for yourself and your adult dependents?

Horizon BCBSNJ offers two options:

HORIZON INDIVIDUAL DENTAL

Provides 100% coverage for preventive, diagnostic and most basic services with no deductible, copayments or maximums. Major services are available at a discounted rate.

Note: You must use dentists who participate in the Horizon Dental Choice network.

HORIZON CENTURION DENTAL

Provides up to a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting.

Note: You must use dentists who participate in the Horizon Dental PPO network.

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To learn more about these adult dental options, call **1-800-4DENTAL (433-6825)**.





To learn more about Blue365 and the many healthy discounts you could enjoy, visit **Blue365Deals.com**.

Blue365

Perks: Blue 365 Discounts & Savings

As a Horizon BCBSNJ member, you'll have access to **exclusive savings on hearing and vision care, fitness, weight control, alternative therapies, and food and nutrition** through the Blue365 program. Blue365 also offers wellness support, travel and recreation discounts, and much more.

Once you enroll, you can sample Blue365's ongoing member deals. You can also be notified about special limited-time deals by signing up for weekly e-mail alerts.

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

Get Ready to Enroll

Gather this information:

- ☐ **Your individual or household income** (based on pay stubs, last year's tax return, etc.)
- ☐ **Whether health coverage is available from any household member's employer** (if any household member's employer offers health coverage, or will be offering coverage starting in 2014)
- ☐ **Personal information for each household member to be covered:**
 - ☐ Full Legal Name
 - ☐ Birth Date
 - ☐ Social Security Number

Choose the enrollment method you prefer:

Think you may qualify for financial assistance from the government? You must choose one of these methods.



Online at Buy.HorizonBlue.com

Your fastest, most convenient option, available 24 hours a day.



By phone at 1-888-425-5611

Our enrollment specialists can answer your questions and walk you through the process.



By contacting your broker

You will **not be eligible** for financial assistance from the government if you choose this method to enroll.



By downloading and filling out an enrollment form

Visit HorizonBlue.com/form-individual-enrollment to download a form and instructions.

Need a different language?

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-425-5611.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-425-5611.

Chinese (中文): 如果需要中文的帮助, 1-888-425-5611.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-425-5611.

Additional language translation services and Text Telephone (TTY) service for the hearing-impaired are available at no additional cost.

Horizon Blue Cross Blue Shield of New Jersey is a Qualified Health Plan issuer in the Health Insurance Marketplace.

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Put the **power of Blue**
to work for you. Enroll
with confidence today!

We're New Jersey's most trusted name in health insurance. For more than 80 years, we've been serving people like you, helping with medical care when you need it and offering programs that can help you live a healthier life.

Today, over **3.7 million members** — your family, neighbors and friends — rely on Horizon BCBSNJ for health, prescription and dental coverage.

**POCKET
IS FPO**

