



Individual and Family Health Coverage
from Horizon Blue Cross Blue Shield of New Jersey

Plan Decision Guide

- Horizon Basic and Essential EPO and EPO Plus
- Horizon HMO
- Horizon Direct Access

Also Inside: *Enrollment Form*



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®



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Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Individual and Family Health Coverage

from the State's Leading Health Insurer:
Horizon Blue Cross Blue Shield of New Jersey



Put our coverage advantages to work for you with a plan that meets your needs and fits your budget.

For over 75 years, we've been helping New Jersey residents with their health care coverage needs. Today, nearly 3.6 million members have come to us for reliable coverage and the security of the Blue Cross and Blue Shield name. Our strength, experience, and dependable plans have helped make us the largest health insurer in New Jersey. This guide includes just a few of the advantages you'll find when you choose individual health coverage from Horizon Blue Cross Blue Shield of New Jersey.

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A Variety of Plan Choices for Individuals and Families

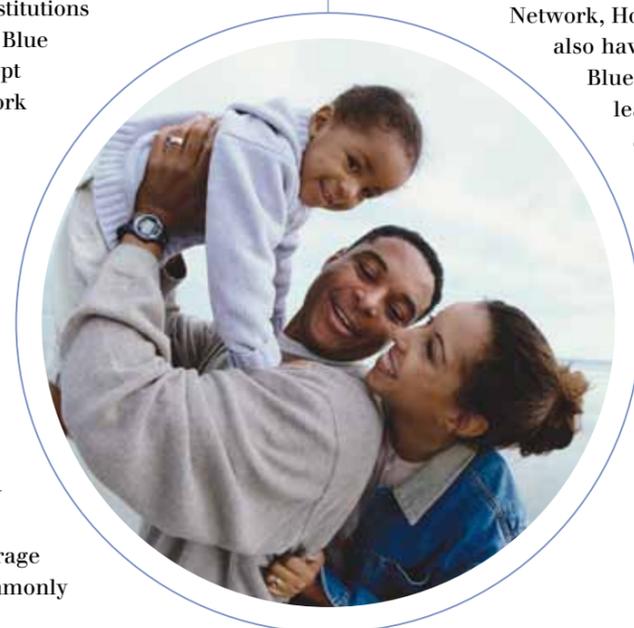
Horizon Blue Cross Blue Shield of New Jersey is pleased to offer a full range of health plan choices for individuals and families. Whether you are purchasing a health insurance plan for the first time or simply looking to get more for your premium dollar, we're confident you'll find a plan that fits your exact needs and budget. Plus, you're free to examine the coverage for 30 days with no risk or obligation. If you're not satisfied with the policy for any reason, simply return the policy to us within 30 days. We'll refund any premiums, less any claims paid.

Access to broad provider network

With our plan choices, you have access to the large Horizon Managed Care Network. Our agreements with these participating doctors and specialists allow you to save on the premiums and the cost of covered services. Dozens of leading institutions recognize Horizon Blue Cross Blue Shield of New Jersey and accept our coverage with no paperwork required. It's likely that the doctors and hospitals you currently use participate in our network.

Available prescription drug coverage with selected plans

The high costs for outpatient prescription drugs are a concern for many New Jersey residents. That's why most of our plan options include coverage to help cover the costs of commonly prescribed medications.



Guaranteed renewability

Once coverage goes into effect, it is guaranteed renewable. This means that, as long as your premiums are paid on time, your coverage will renew each year without proof of good health. Some limitations apply.

Coverage away from home

No matter which plan you choose, medical emergencies are covered at the in-network level for members while traveling outside of the Horizon Managed Care Network. The individual Direct Access plans also cover eligible non-emergency medical services at the out-of-network level while members are outside of the Horizon Managed Care Network.

To maximize eligible out-of-network benefits while traveling outside of the Horizon Managed Care Network, Horizon Direct Access members also have the option of using our BlueCard Traditional Network. To learn more about the services available to you through the BlueCard Traditional Network, simply call the number on the back of your card.

What You Need to Know Before Choosing a Plan



We understand that every individual and family has unique needs. That's why we want to make it as easy as possible to choose the plan that works for you and your budget. So, before you sign up for a plan, be sure that you understand your options, based on important factors like eligibility, payment options, and changing plans.

Eligibility

Under New Jersey law, you are eligible for health insurance coverage regardless of your medical condition, age, sex, occupation or where you live in the state. However, you must be a New Jersey resident.

You or any dependents you wish to enroll must not be covered or eligible under:

- **Another individual health benefits plan**
- **A group health benefits plan that provides the same or similar coverage (as that phrase has been interpreted through regulation)**
- **Medicare**

Eligible dependents include your spouse, domestic partner or civil union partner, and your children (including those in your legal custody and guardianship) who are under age 26. Special rules apply to the continuation of coverage beyond age 26 for handicapped children.

How to apply

Simply complete the enclosed enrollment form. To save time in processing, be sure to answer all questions carefully and completely for yourself and all eligible dependents. Be sure to indicate your choice of plan and deductible or copayment, if applicable.

Payment options

You may pay your initial premium by credit card. Monthly premiums may be paid by automatic monthly bank draft

or direct bill each month. If paying by direct bill, please enclose a check or money order for your first month's premium. If choosing automatic monthly bank draft, please attach a voided check to your enrollment form.

Changing plans?

If you have health insurance with us or another company, you need to know the following information when changing plans:

From group coverage...

If you are eligible for group coverage, you can only enroll in individual coverage that is not the same or similar to your group coverage during the November open enrollment for a January 1 effective date. Your group coverage termination must coincide with the effective date of your new policy with us.

From individual coverage...

If you already have coverage under an individual plan offered by Horizon Blue Cross Blue Shield of New Jersey or another carrier, restrictions may apply to changing coverage. Please call your agent, broker or a Horizon BCBSNJ Sales Representative at 1-888-425-5611 for more information.

Questions about applying or changing plans? Need more information?

Feel free to call your agent or broker—or call us toll-free at 1-888-425-5611, Monday through Friday, from 8:30 a.m. to 5:00 p.m. ET.

If you have a hearing impairment, call our telecommunication device at 1-800-852-7899.

You can also visit us online at www.HorizonBlue.com

Horizon Basic & Essential EPO and EPO Plus Plans



Benefits Overview*

If affordability is what you're looking for, these plans offer some great options. Basic coverage can be a good choice for those who would otherwise be without health insurance because of the high cost of comprehensive coverage.

Horizon Basic and Essential EPO and EPO Plus plans offer:

- Affordable premiums
- No Primary Care Physician required and no referrals needed
- Health care services through the Horizon Managed Care Network, plus out-of-state medical emergency coverage

How does it work?

To receive coverage, you must use physicians, hospitals, and health care professionals who participate in the Horizon Managed Care Network. Seeing the specialists you want is easy, since you don't have to select a Primary Care Physician and you don't need a referral. Out-of-network coverage is only provided in cases of medical emergencies.

* Keep in mind that this is a general overview of some of the benefits provided by these types of plans. Once you are enrolled, a complete list of details and exclusions will be provided in your individual contract/policy.

Benefit highlights:

An ideal option for people on a limited budget—like recent college grads or the unemployed.

- Physician Services—Primary Care and Specialists
- Out-of-hospital diagnostic tests**
- Outpatient hospital services—outpatient surgery and ambulatory surgery
- Inpatient hospital services
- Emergency room services
- Physical therapy
- Home health care
- EPO Plus also includes Prescription Drug benefits
- And more

**For diagnostic services rendered in the office, freestanding or an outpatient facility.

Horizon HMO Plans

Benefits Overview*

An HMO is a Managed Care plan, which gives you the freedom of comprehensive coverage and more out-of-pocket savings. You get to choose your Primary Care Physician (PCP) from our extensive physician network in New Jersey.

Horizon HMO Plans Offer:

- A choice of copayment options starting as low as \$15
- Low out-of-pocket costs with health care services received through a Primary Care Physician (PCP)
- Extensive HMO network of physicians and hospitals, plus out-of-state medical emergency coverage

How does it work?

You must choose a physician as your Primary Care Physician, who will be your main contact for medical care, and referrals are needed to see specialists and ancillary providers. By combining cost-saving features and comprehensive coverage, HMO plans offer an affordable alternative that is very popular among New Jersey residents—particularly among those with families.

* Keep in mind that this is a general overview of some of the benefits provided by these types of plans. Once you are enrolled, a complete list of details and exclusions will be provided in your individual contract/policy.

Benefit highlights:

The extensive HMO network makes it easy and affordable to get access to comprehensive care, making it a popular choice among families.

- Your choice of a Primary Care Physician (PCP) from an extensive Managed Care network
- Outpatient hospital services—outpatient surgery and ambulatory surgery
- Inpatient and emergency room coverage
- Home health care
- Physical therapy
- Prescription Drug coverage
- Much more



Horizon Direct Access Plans

Benefits Overview*

Horizon Direct Access provides comprehensive coverage. No referrals are required to access the physicians, specialists, hospitals and other health care professionals in the Horizon Managed Care Network. Choosing a Primary Care Physician is recommended for maximum benefits and medical care guidance, but is not required. You also have the freedom to choose any physician or hospital outside of the network, but will see significant out-of-pocket savings by staying in-network.

Horizon Direct Access Plans Offer:

- Lower out-of-pocket costs and higher plan benefits by using providers and hospitals in the Horizon Managed Care Network
- No Primary Care Physician selection or referrals required
- Nationwide and worldwide access to medical care through the BlueCard® PPO program

How does it work?

With this type of plan, you're free to choose any physician or hospital you wish. You'll save more money, however, if you choose to receive care from doctors in the Horizon Managed Care Network. This plan is popular among those who prefer the freedom to see any specialist or provider without needing to get a referral from a Primary Care Physician.

* Keep in mind that this is a general overview of some of the benefits provided by these types of plans. Once you are enrolled, a complete list of details and exclusions will be provided in your individual contract/policy.

Benefit highlights:

A comprehensive health plan, offering coverage for a wide range of services, plus maximum freedom of choice.

- Access to in-network and out-of-network providers and hospitals
- Virtually no claims to file
- Inpatient, outpatient, and emergency room coverage
- Ambulatory surgical center coverage
- Home health care
- Maternity and preventative care
- Physical therapy
- And more



Enjoy Added Savings on Products and Services Made Available by Horizon

Horizon Blue Cross Blue Shield of New Jersey works hard to keep you healthy with important savings on products and services beyond your health care coverage. Once a member, you are eligible for discounts on health-related products and services through our national discount program, Blue365®. To access your Blue365 discounts, present your Horizon BCBSNJ ID card at the participating business, or mention that you are a Horizon BCBSNJ member when calling them.

Health Care Resources

Health Care Providers—To improve your peace of mind, Blue365 can help you find quality care when you need it most.

Hearing and Vision Care—We've brought together these resources and special offers to help you find and save on quality hearing and vision care from vendors such as: Beltone™, TruHearing®, Smart Eyes®, Davis Vision®, HearUSA®, TruVision®, LasikPlus®, and QualSight Lasik®.

Insurance Tips—We know finding the right coverage can get confusing. Blue365 is here to answer your questions and simplify your decisions.

Prescriptions and Supplies—Find the medications, products and information you need to stay healthy.

Healthy Choices

Fitness—Find a fitness plan that works for you by taking advantage of discounts offered by vendors such as: Anytime Fitness®, Healthways Fitness Your Way™, Snap Fitness™, Reebok®, Polar®, JCC®, and YMCA®. Or get stepping with our Walking Works® plan, a self-directed program that lets you customize your plan and track your progress online.

Weight Control—When you're managing your weight and aiming for better nutrition, you deserve all the support you can get. Take advantage of discounts offered from vendors such as: Jenny Craig®, Weight Watchers®, Nutrisystem®, eDiets®.

Alternative Therapies—With your membership to Healthways™, gain access to a network of over 40,000 health and wellness specialists, including chiropractors, acupuncturists, massage therapists, personal trainers and more, at discounts up to 30 percent.

Children—Let Blue365 help you keep your children safe with support and guidance, as well as resources offered by Hope Paige Medical® (emergency jewelry), Safe Beginnings® (safety products) and Corcell® (umbilical cord blood banking).

†Please note: Discount programs are not insured. They are "value-added" features and may be terminated or changed without notice. Horizon BCBSNJ assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information, products or services provided by or made available by the companies specified herein offering information, products, or services to you through Horizon Wellness Discounts. Horizon Wellness Discounts are made available for your convenience and do not constitute or imply endorsement of the companies, their information, products or services by Horizon BCBSNJ.

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™ WEIGHT WATCHERS is the registered trademark of Weight Watchers International Inc.

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Food and Nutrition—

The quickest way to a healthier diet is through the brain. These resources make it easy to understand how to eat right.

Wellness—Find the support you need to make healthy choices every day and throughout your life. Access helpful information that speaks to your unique needs, as well as discounts from wellness vendors such as Anytime Health™.

Medicare—From navigating the Medicare maze to finding the right care for an older loved one, Blue365 offers support and information for the health needs of seniors. You can also access discounts from vendors such as Seniorlink Care™, which offers unbiased reference information about your eldercare and caregiver options and professional advisory services, and MedicAlert Foundation®.

Recreation and Travel

Blue365 gives you access to the best educational resources and great savings on healthy travel and leisure experiences such as spa vacations and wellness getaways.

Travel Healthy—Enjoy discounts from Fairmont Hotels and Spas® on accommodations, spa treatments, healthy menus and more.

Outdoor Recreation—Outdoor activities help keep your body and your mind at their fittest. Explore a library of outdoor safety tips, federal recreation, camping and tour information and more.

Destination and Travel Tips—Get helpful information from Blue365 wherever your travel plans take you.

Arts and Entertainment—These resources can help you get healthier and have fun when doing it.

Pre-existing Condition Limitation Only Applies to Individuals Age 19 and Older

Pre-existing Conditions Limitation

Definition of a “pre-existing” condition:

A “pre-existing” condition is an illness or injury that manifests itself in the six months before your enrollment date and for which in the six months prior to your enrollment date:

- you see a doctor, take prescribed drugs or receive other medical care or treatment, or
- you have had medical care or treatment recommended to you by a doctor, or
- an ordinarily prudent or careful person would have sought medical advice, care or treatment.

A pregnancy that exists on the effective date of your coverage is also a pre-existing condition. However, complications of pregnancy, as defined in N.J.A.C. 11:1-4.3, are not considered pre-existing conditions and are not subject to the pre-existing condition limitation.

How does this limitation affect coverage?

If this limitation applies, no benefits will be paid for charges incurred for the covered person’s pre-existing condition until 12 months after the enrollment date.

Exceptions to the limitation:

The pre-existing condition limitation does not apply to any individual under age 19 and to genetic information, in the absence of a diagnosis of the condition related to that information.

This limitation may not apply if you transfer from another health insurance plan and there has been no more than a 31-day lapse in coverage. The limitation also does not apply to Federally Defined Eligible Individuals who apply for coverage within 63 days of termination of prior coverage. Additional limitations and exclusions may apply.



