

**2026**  
OVERVIEW

Individual and Family  
Insurance Coverage





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# A HEALTHIER YOU COVERED BY BLUE

For more than 90 years, Horizon has worked to improve health care quality and affordability, giving New Jersey residents peace of mind so they can achieve their best health.

## We're Here to Help

Our team is available to help you feel confident about your coverage for next year. We offer unmatched expertise to make the health care experience better, and we guide members to ensure that everyone has access to a plan that's right for them.

Plus, our easy-to-use tools and resources make navigating health care even more convenient. Our resource center has answers to your questions and details on all Horizon plan options, including access to our broad network, 24/7 virtual care, mental health support and more.

These are just a few of the reasons Horizon is New Jersey's #1 health insurer.<sup>1</sup>



**It's easy to enroll:**  
Contact your broker for more information.

1. NAIC Market Share Report, published 2025

# MORE WAYS TO SAVE

We're always working to make health care more accessible and affordable for our members, and we're proud to offer these cost-saving opportunities.

- **\$0 copay** for Horizon CareOnline®, our telemedicine service<sup>1</sup>
- **\$0** for select insulin drugs
- **\$0 copay** for select prescription asthma inhalers and select epinephrine auto-injectors
- **\$0** for immunizations and preventive care screenings

## OMNIA and Advantage EPO Medical Plan Benefit

Prescription Drug	OMNIA plans and Advantage EPO	OMNIA Silver
Insulin (select items)	\$0 per 30-day supply	\$0 per 30-day supply
Epinephrine auto-injector (select items)	\$0 per 30-day supply	\$0 per 30-day supply after deductible
Prescription asthma inhaler (select items considered preventative)	\$0 per 30-day supply	\$0 per 30-day supply
Prescription asthma inhaler (select items not considered preventative)	\$0 per 30-day supply	\$0 per 30-day supply after deductible

1. OMNIA Silver Saver HSA has a \$0 copay after the deductible.



# VIRTUAL CARE ANYTIME, ANYWHERE

With **Horizon CareOnline**, our telemedicine service, you can access care from a doctor whenever it's needed – including late at night or when you're traveling. **Now with \$0 copay.<sup>1</sup>**

## Need medical care?

Get treated 24/7 by licensed board-certified doctors for health conditions, including fever, colds and flu, abdominal pain and more.

## Need behavioral health care?

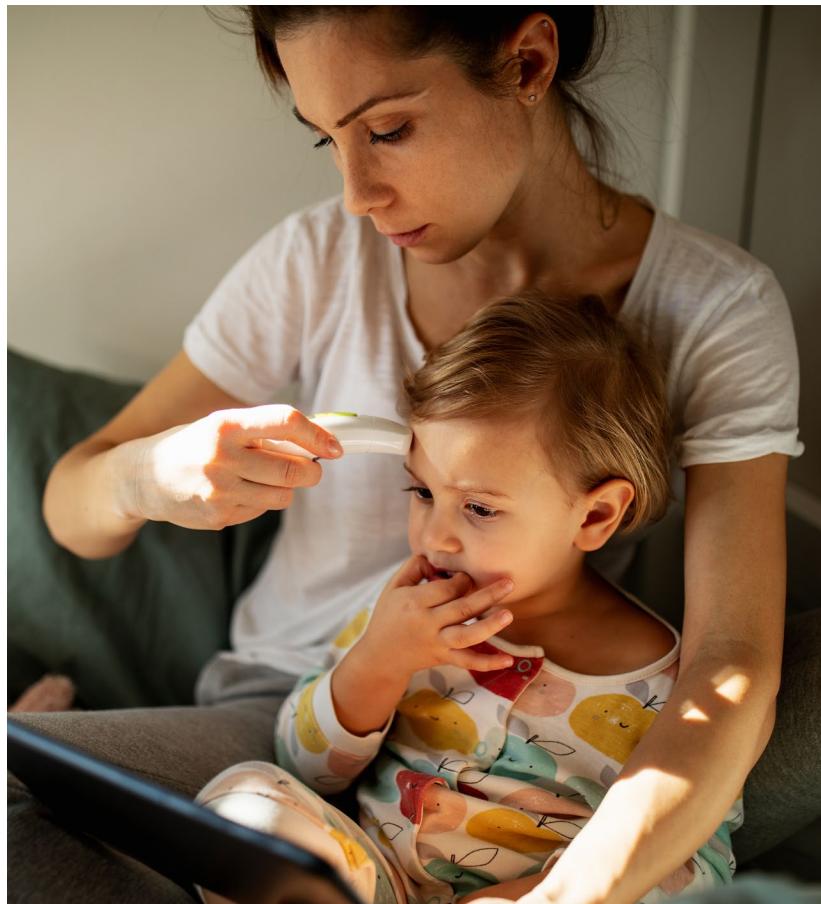
Make an appointment between 7 a.m. and 11 p.m. to talk to a licensed psychiatrist, psychologist or social worker for help with anxiety, depression and other behavioral health issues.

Simply sign in to [HorizonBlue.com](https://HorizonBlue.com) or the **Horizon Blue** app to get started.

1. Horizon CareOnline does not replace your relationship with the primary doctor or behavioral health professional you may see on a regular basis, but Horizon CareOnline is available when you need it. OMNIA Silver Saver HSA has a \$0 copay after the deductible.

## Have everyday health questions?

The **24/7 Nurse Line** gives you access to trusted information on everyday health questions, or even a situation that might be more serious, by calling **1-888-624-3096**.



\*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.

# CONVENIENT RESOURCES AT YOUR FINGERTIPS



You can connect with a U.S. board-certified licensed doctor via video chat.<sup>1</sup> Simply visit [HorizonBlue.com](https://HorizonBlue.com) or download the [Horizon Blue app](#) to get started.

## We're putting 24/7 care and support at your fingertips:

- Video chat with doctors
- Get access to mental health care and support
- Submit medical claims
- Get quick claim status updates
- View and print member ID Cards
- Locate in-network doctors
- Pay your bill or set up auto bill pay

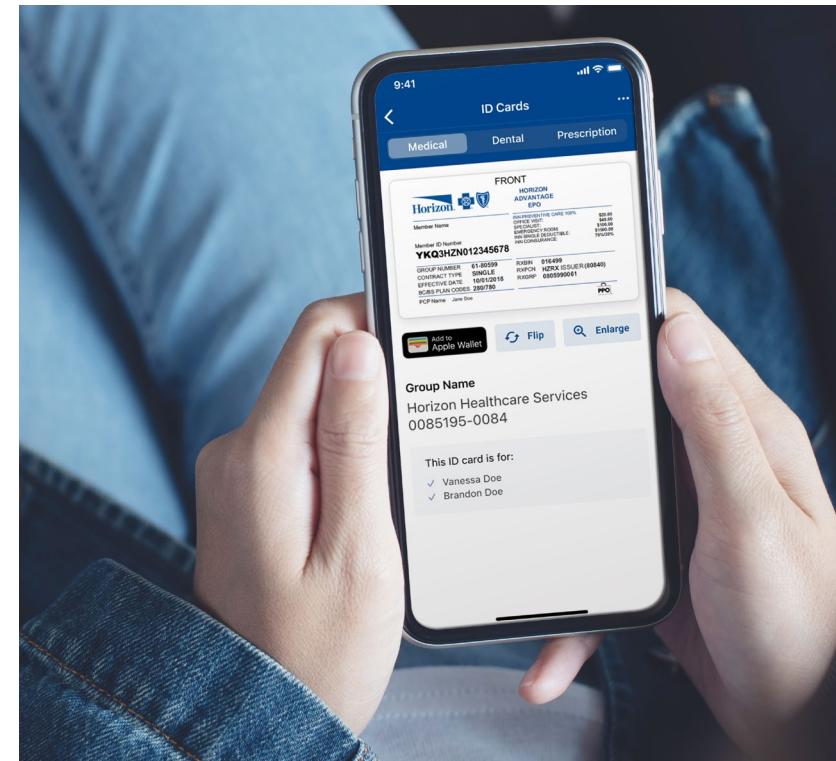
**Download the free Horizon Blue app** by scanning the QR Code or visiting the App Store® or Google Play™.\*



Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at 1-888-777-5075 weekdays from 7 a.m. to 6 p.m. Eastern Time.

1. Some state and plan restrictions may apply.

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



# HELPING YOU ACHIEVE YOUR BEST HEALTH.



## Well Care and Preventative Care

Services such as an annual physical and gynecological exam, well-baby/child medical care and immunizations are covered when using an in-network doctor.

### Wellness Includes:

- [My Health Manager](#) powered by WebMD®  
(Members may be eligible to earn a \$50 prepaid eCard)
- Healthy Living Discounts with [Blue365](#)®
- Online health education
- [PRECIOUS ADDITIONS](#)® program for parents-to-be



## Behavioral Health & Substance Use Disorder

Care for behavioral health conditions or alcohol/substance use disorder is offered through our extensive network of participating health care professionals who provide a full range of counseling services.



## Horizon MindCare®

This secure online behavioral health platform offers personalized behavioral health and resilience information, well-being assessments, tools and resources. Plus, it can match you to reliable in-network providers, facilities and virtual health solutions.



## Doula Services

With doula services, trained professionals called doulas provide ongoing physical, emotional and informational support before, during and after childbirth.



## Case Management

Our Care Managers help manage complex health care situations by simplifying navigation, coordinating care and providing a better understanding of policies and procedures.



## Care Management Programs

These programs can help you take control of your health by providing support to manage the day-to-day challenges of living with acute health care needs as well as chronic conditions such as asthma or diabetes.



## Prescription Drug Coverage

Prescription drug coverage is an integrated part of our health plans, so you can get the medications you need. Simply sign in to access your prescription coverage information.



## Amazon Pharmacy

Through Amazon Pharmacy, you can get a 90-day supply of your prescriptions delivered right to your door for just the cost of your mail order copay.



## Rx Savings Solutions

Sign up for Rx Savings Solutions to see if you can save money on your prescriptions. Rx Savings Solutions can even work directly with your prescriber/pharmacy to help you switch to a lower-cost medication.



## Away From Home Care®

This program is available to members who have Horizon EPO and OMNIA Health Plans – including students living away from home, long-term travelers and families living apart.\*

\*These members are not eligible if they are enrolled in a HSA-compatible plan. This program gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.

# YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE

## Get Covered New Jersey

Qualifying residents who purchase coverage through Get Covered New Jersey may be eligible for financial assistance to help lower their monthly premiums and out-of-pocket expenses. If you're not eligible for affordable health insurance coverage through an employer, Medicare, Medicaid or another government program, you're likely eligible for coverage through Get Covered New Jersey.

We can help you get the maximum financial assistance you qualify for. Depending on your income and household size, this may include:

### Premium Tax Credits

Premium tax credits help lower your monthly premium payments. Eligibility is based on several factors, including income and household size. The premium tax credit amount is based on a sliding scale – those with a lower income get a larger credit to help cover the cost of their insurance.

### Cost-Sharing Reductions

People who qualify for a premium tax credit and have household incomes between 138% and 250% of the federal poverty level also qualify for extra savings called cost-sharing reductions (CSRs). This is a discount that lowers the amount you pay for out-of-pocket costs such as deductibles, co-pays and co-insurance.

### New Jersey Health Plan Savings

The State of New Jersey provides additional financial help to reduce monthly premiums through a state subsidy called New Jersey Health Plan Savings (NJHPS). New Jersey residents can qualify for these savings based on income.



#### Learn more

To see how much financial assistance you may be eligible for, get an estimated quote at [HorizonBlue.com/calculator](https://HorizonBlue.com/calculator).



#### It's easy to enroll:

Contact your broker for more information.

# Horizon OMNIA<sup>SM</sup> Health Plans

2026 BENEFITS	OMNIA Bronze <sup>1</sup> (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)		OMNIA Silver Value (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)		OMNIA Silver Saver HSA <sup>1</sup> (\$0 Horizon CareOnline Virtual Care after Ded, \$0 Select Insulin, No Referrals)	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
<b>GENERAL PROVISIONS</b>						
Out-of-Network Coverage	No	No	No	No	No	No
Individual Deductible	\$3,000	\$3,000	\$2,100	\$2,500	\$2,400*	\$2,500*
Family Deductible	\$6,000	\$6,000	\$4,200	\$5,000	\$4,800**	\$5,000**
Individual Maximum Out-of-Pocket	\$10,150	\$10,150	\$10,150	\$10,150	\$8,500	\$8,500
Family Maximum Out-of-Pocket	\$20,300	\$20,300	\$20,300	\$20,300	\$17,000	\$17,000
Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
<b>HEALTH CARE SERVICES</b>						
PCP Office Visits & Consultations	Ded then \$50 copay	Ded then 50% coin	\$45 copay	Ded then 50% coin	Ded then \$30 copay	Ded then \$40 copay
Specialist Visits & Consultations	Ded then \$75 copay	Ded then 50% coin	\$75 copay	Ded then 50% coin	Ded then \$50 copay	Ded then \$60 copay
Virtual PCP/Specialist Visit	Ded then \$25 copay	Ded then 50% coin	\$15 copay	Ded then 50% coin	Ded then \$15 copay	Ded then \$15 copay
<b>DIAGNOSTIC TESTING AND IMAGING</b>						
Independent Lab/Radiology	No charge	No charge	No charge	No charge	Ded	Ded
Lab/Radiology Outpatient	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then \$75 copay	Ded then 50% coin
<b>PHARMACY SERVICES</b>						
Generic Drugs	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin	Ded then 50% coin
Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin	Ded then 50% coin
Non-Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin	Ded then 50% coin
<b>OUTPATIENT SURGERY SERVICES</b>						
Both Hospital & Physician/Surgeon	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then 40% coin	Ded then 50% coin	Ded then 30% coin	Ded then 50% coin	Ded then 30% coin	Ded then 50% coin
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>						
ER Hospital	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin	\$100 copay & ded then 40% coin	\$100 copay & ded then 40% coin	Ded then \$100 copay & 40% coin	Ded then \$100 copay & 40% coin
Emergency Medical Transportation	Ded	Ded	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin
Urgent Care Center	Ded then \$75 copay	Ded then 50% coin	\$75 copay	Ded then 50% coin	Ded then \$75 copay	Ded then \$75 copay
<b>HOSPITAL SERVICES</b>						
Outpatient Hospital & Physician	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Inpatient Hospital (incl. MH/SUD)	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Physician/Surgeon	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
<b>BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER</b>						
Office	Ded then \$50 copay	Ded then 50% coin	\$45 copay	Ded then 50% coin	Ded then \$30 copay	Ded then \$40 copay
Outpatient	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
<b>MATERNITY SERVICES</b>						
Delivery & All Inpatient Services	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
<b>OTHER SERVICES</b>						
Physical & Occupational Therapy Office <sup>2</sup>	Ded then \$50 copay	Ded then 50% coin	\$45 copay	Ded then 50% coin	Ded then \$30 copay	Ded then \$40 copay
Chiropractic Care <sup>2</sup>	Ded then \$30 copay	Ded then 50% coin	\$30 copay	Ded then 50% coin	Ded then \$30 copay	Ded then \$30 copay
Durable Medical Equipment	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

\*Members receiving cost-sharing reduction subsidies may not be eligible for an HSA under this plan as some variations of this plan do not meet the IRS requirements of a High-Deductible Health Plan.

\*\*If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.

1. Away From Home Care Program not available for HSA eligible plans. 2. This benefit has a limit of 30 visits per calendar year.

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## Horizon OMNIA<sup>SM</sup> Health Plans continued

2026 BENEFITS	OMNIA Silver (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)		OMNIA Gold (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)	
	Tier 1	Tier 2	Tier 1	Tier 2
<b>GENERAL PROVISIONS</b>				
Out-of-Network Coverage	No	No	No	No
Individual Deductible	\$1,700	\$2,500	\$550	\$2,000
Family Deductible	\$3,400	\$5,000	\$1,100	\$4,000
Individual Maximum Out-of-Pocket	\$10,000	\$10,150	\$7,500	\$8,500
Family Maximum Out-of-Pocket	\$20,000	\$20,300	\$15,000	\$17,000
Individual Drug Deductible	\$250	\$250	n/a	n/a
Family Drug Deductible	\$500	\$500	n/a	n/a
<b>HEALTH CARE SERVICES</b>				
PCP Office Visits & Consultations	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Specialist Visits & Consultations	\$60 copay	Ded then 50% coin	\$25 copay	Ded then \$50 copay
Virtual PCP/Specialist Visit	\$15 copay	Ded then 50% coin	\$5 copay	Ded then \$15 copay
<b>DIAGNOSTIC TESTING AND IMAGING</b>				
Independent Lab/Radiology	No charge	No charge	No charge	No charge
Lab/Radiology Outpatient	Ded then \$100 copay	Ded then 50% coin	\$25 copay	Ded then 30% coin
<b>PHARMACY SERVICES</b>				
Generic Drugs	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)
Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 30% coin	Ded then 30% coin
Non-Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 30% coin	Ded then 30% coin
<b>OUTPATIENT SURGERY SERVICES</b>				
Both Hospital & Physician/Surgeon	Ded then \$250 copay	Ded then 50% coin	Ded then \$250 copay	Ded then 30% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then \$200 copay	Ded then 50% coin	Ded then \$200 copay	Ded then 30% coin
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>				
ER Hospital	\$100 copay & ded then 20% coin	\$100 copay & ded then 20% coin	\$100 copay & ded then 10% coin	\$100 copay & ded then 10% coin
Emergency Medical Transportation	Ded	Ded	Ded	Ded
Urgent Care Center	\$75 copay	Ded then 50% coin	\$50 copay	Ded then \$75 copay
<b>HOSPITAL SERVICES</b>				
Outpatient Hospital & Physician	Ded then \$60 copay	Ded then 50% coin	Ded then \$25 copay	Ded then 30% coin
Inpatient Hospital (incl. MH/SUD)	Ded then \$500 per day copay	Ded then 50% coin	Ded then \$500 per day copay	Ded then 30% coin
Physician/Surgeon	Ded	Ded then 50% coin	Ded then no charge	Ded then 30% coin
<b>BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER</b>				
Office	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Outpatient	Ded then \$30 copay	Ded then 50% coin	\$10 copay	Ded then 30% coin
<b>MATERNITY SERVICES</b>				
Delivery & All Inpatient Services	Ded then \$500 per day copay	Ded then 50% coin	Ded then \$500 per day copay	Ded then 30% coin
<b>OTHER SERVICES</b>				
Physical & Occupational Therapy Office <sup>1</sup>	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Chiropractic Care <sup>1</sup>	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Durable Medical Equipment	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin

## OMNIA Health Plans

Our OMNIA plans offer significantly lower premiums and no referrals when accessing the Horizon Managed Care Network, one of the largest networks in New Jersey. Members save even more with lower out-of-pocket costs at certain doctors and hospitals.

**\$0 copay**  
for Horizon CareOnline, our telemedicine service, when using the Horizon Blue app.<sup>2</sup>

**\$0 copay**  
for LabCorp and Quest expenses with all plans except OMNIA Silver Saver HSA.

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.  
 1. This benefit has a limit of 30 visits per calendar year.  
 2. OMNIA Silver Saver HSA has a \$0 copay after the deductible.  
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# Horizon Advantage EPO Health Plans

2026 BENEFITS	Advantage EPO Essentials <sup>1,2</sup>	Advantage EPO Bronze <sup>1</sup> (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)	Advantage EPO Silver (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals)
<b>GENERAL PROVISIONS</b>			
Out-of-Network Coverage	No	No	No
Individual Deductible	\$10,150	\$3,000	\$2,500
Family Deductible	\$20,300	\$6,000	\$5,000
Individual Maximum Out-of-Pocket	\$10,150	\$10,150	\$10,150
Family Maximum Out-of-Pocket	\$20,300	\$20,300	\$20,300
Individual Drug Deductible	n/a	n/a	n/a
Family Drug Deductible	n/a	n/a	n/a
<b>HEALTH CARE SERVICES</b>			
PCP Office Visits & Consultations <sup>3</sup>	\$0 copay for three visits then ded	Ded then \$30 copay	\$30 copay
Specialist Visits & Consultations	Ded then no charge	Ded then 50% coin	\$70 copay
Virtual PCP/Specialist Visit	Ded then no charge	Ded then \$15 copay	\$15 copay
<b>DIAGNOSTIC TESTING AND IMAGING</b>			
Independent Lab/Radiology	No charge	No charge	No charge
Lab/Radiology Outpatient	Ded then no charge	Ded then 50% coin	Ded then \$100 copay
<b>PHARMACY SERVICES</b>			
Generic Drugs	Ded then no charge	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)
Preferred Brand Drugs	Ded then no charge	Ded then 50% coin <sup>4</sup>	50% coin <sup>5</sup>
Non-Preferred Brand Drugs	Ded then no charge	Ded then 50% coin <sup>4</sup>	50% coin <sup>5</sup>
<b>OUTPATIENT SURGERY SERVICES</b>			
Both Hospital & Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then no charge	Ded then 40% coin	Ded then 40% coin
<b>EMERGENCY/URGENT MEDICAL SERVICES</b>			
ER Hospital	Ded then no charge	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin
Emergency Medical Transportation	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Urgent Care Center	Ded then no charge	Ded then 50% coin	\$75 copay
<b>HOSPITAL SERVICES</b>			
Outpatient Hospital & Physician	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Inpatient Hospital (incl. MH/SUD)	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 50% coin
<b>BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER</b>			
Office	Ded then no charge	Ded then 50% coin	\$30 copay
Outpatient	Ded then no charge	Ded then 50% coin	Ded then 50% coin
<b>MATERNITY SERVICES</b>			
Delivery & All Inpatient Services	Ded then no charge	Ded then 50% coin	Ded then 50% coin
<b>OTHER SERVICES</b>			
Physical & Occupational Therapy Office <sup>6</sup>	Ded then no charge	Ded then \$30 copay	\$30 copay
Chiropractic Care <sup>6</sup>	Ded then no charge	Ded then \$30 copay	\$30 copay
Durable Medical Equipment	Ded then no charge	Ded then 50% coin	Ded then 50% coin

## Advantage EPO Health Plans

With these plans, members have access to all doctors, hospitals and other health care professionals that participate in the Horizon Managed Care Network. Members are not required to select a Primary Care Physician (PCP), but they benefit from lower out-of-pocket costs when care is coordinated through a PCP.

### \$0 copay

for Horizon CareOnline, our telemedicine service, when using the Horizon Blue app.<sup>7</sup>

### \$0 copay

for LabCorp and Quest expenses with all plans except OMNIA Silver Saver HSA.

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

1. Away From Home Care Program not available for HSA-eligible plans.

2. For those up to age 29 or with proof of hardship.

3. Horizon Advantage Plans - selecting a PCP for each person is not required. However, a specialist copayment will apply if you do not select a PCP or visit your selected PCP.

4. \$250 max per script for a 1-30 day supply.

5. \$150 max per script for a 1-30 day supply.

6. This benefit has a limit of 30 visits per calendar year.

7. OMNIA Silver Saver HSA has a \$0 copay after the deductible.

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## HORIZON DENTAL PLANS

We have affordable dental plans for you and your family.

Adding a dental plan to your medical coverage makes great sense, because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you. With these plans, you have access to cleanings and oral exams, X-rays and savings for services such as crowns, fillings, root canals and more.

### Covering a child under age 19?

#### Horizon Young Grins

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

**Horizon also offers these individual and family dental options:**

#### Horizon Family Grins and Horizon Family Grins Plus

The Horizon Family Grins Plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network<sup>1</sup> coverage for members over age 19. Each plan offers coverage for cosmetic orthodontia as well.

#### Horizon Healthy Smiles and Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans offer comprehensive coverage. No out-of-network benefits are included. Horizon Healthy Smiles Plus provides access to the most expansive Horizon dental network available.

#### Horizon 65+ Dental Plan

With a Horizon 65+ Dental Plan, you'll get access to more than 350,000 locations across the country and have no out-of-pocket costs for routine services like exams, cleanings and X-rays when you use an in-network dentist. Plus, these plans complement Medicare plans, providing even more coverage for dental services.<sup>2</sup>

#### Horizon Centurion

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

1. 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.

2. Based on provider data as of 02/27/2025

# Dental Plan Guide

2026 Plan Details		Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
Coverage for		Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN <sup>1</sup>	Age 19 and Over OON <sup>2</sup>
Affordable Care Act (ACA) Compliant		Yes	Yes	Yes	Yes	Yes	Yes
Benefit Waiting Periods Apply		No	No	No	No	No	No
Network		PPO/ Traditional in NJ/ Grid Plus nationwide					
Annual Maximum		None	None	None	None	\$1,500	\$1,500
Deductible		\$25/\$100/\$200 <sup>3</sup>	\$25/\$100/\$200 <sup>3</sup>	None	\$25/\$100/\$200 <sup>3</sup>	\$50/\$150	\$50/\$150
<b>BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR &amp; MEDICALLY NECESSARY ORTHODONTIA)</b>							
Individual		\$450	\$450	n/a	\$450	n/a	n/a
Family		\$900	\$900	n/a	\$900	n/a	n/a
<b>Preventive/Diagnostic (Class I)</b>							
Prophylaxis – Cleaning	3 times/year 100% after deductible	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100% after deductible	3 times/year 100% <sup>4</sup>	3 times/year 100% <sup>4</sup>	3 times/year 100% <sup>4</sup>
Sealant	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered	Not covered
Fluoride	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered	Not covered
Oral Exam	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%	100%
X-Rays	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%	100%
<b>Basic (Class II) and Major (Class III)</b>							
<b>Restorative</b>							
Amalgam Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Composite Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Endodontics</b>							
Root Canals	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Periodontics</b>							
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Prosthodontics</b>							
Bridges	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Oral Surgery</b>							
Nonsurgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Orthodontics</b>							
Orthodontic Medical Necessity	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered	Not covered
Cosmetic Orthodontia	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$2,000	\$2,000	Not covered	\$2,000	Not covered	Not covered	Not covered

1. In network.

2. 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.

3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.

4. Counts towards the \$1,500 maximum pay out

# Dental Plan Guide

2026 Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion
Coverage for	Children and Adults		Children and Adults		Children and Adults
Affordable Care Act (ACA) Compliant	No		No		No
Benefit Waiting Periods Apply	Yes <sup>1</sup>		Yes <sup>1</sup>		No
Network	PPO in NJ/ Grid nationwide		PPO/ Traditional in NJ/ Grid Plus nationwide		PPO in NJ Only
Annual Maximum	\$1,000		\$1,000		None
Deductible	\$50/\$150		\$50/\$150		
Preventive/Diagnostic (Class I)	Option 1	Option 2	Option 1	Option 2	
Prophylaxis – Cleaning	1 every 6 months 100% <sup>2</sup>	1 every 6 months 80% <sup>2</sup>	1 every 6 months 100% <sup>2</sup>	1 every 6 months 80% <sup>2</sup>	1 every 6 months Discount
Sealant	100%	80%	100%	80%	Discount
Fluoride	100%	80%	100%	80%	Discount
Oral Exam	100%	80%	100%	80%	Discount
X-Rays	100%	80%	100%	80%	Discount
<b>Basic (Class II) and Major (Class III)</b>					
<b>Restorative</b>					
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Discount
<b>Endodontics</b>					
Root Canals	50% after deductible		50% after deductible		Discount
<b>Periodontics</b>					
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount
Periodontal Maintenance	50% after deductible		50% after deductible		Discount
<b>Prosthodontics</b>					
Bridges	50% after deductible		50% after deductible		Discount
Dentures	50% after deductible		50% after deductible		Discount
<b>Oral Surgery</b>					
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount
<b>Orthodontics</b>					
Orthodontic Medical Necessity	Not covered		Not covered		Not covered
Cosmetic Orthodontia	Covered at 50% for those under age 19		Covered at 50% for those under age 19		Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		Not covered

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.

2. Counts towards the \$1,500 maximum pay out.

# Dental 65+ Plan Guide

	Horizon Dental 65+ Low	Horizon Dental 65+ High
Premium	\$69.34 per month	\$76.65 per month
Network	A subset of our largest network	Our largest network
Annual Deductible	\$0	\$0
Calendar Year Maximum	\$2,000	\$1,500

	In Network	Out of Network	Frequency	In Network	Out of Network	Frequency
Exams	100%	80%	3 per calendar year, no waiting period	100%	100%	3 per calendar year, no waiting period
Cleanings	100%	80%	3 per calendar year, no waiting period	100%	100%	3 per calendar year, no waiting period
X-Rays	100%	80%	Bitewing: 1 every 6 months Full mouth: 1 every 36 months, no waiting period	100%	100%	Bitewing: 1 every 6 months Full mouth: 1 every 36 months, no waiting period
Fillings	80%	70%	1 every 6 months, no waiting period	80%	80%	1 every 6 months, no waiting period
Root Canals	50%	40%	1 per lifetime, no waiting period	50%	50%	1 per lifetime, 6-month waiting period
Periodontal Maintenance	80%	70%	1 every 6 months, no waiting period	80%	80%	1 every 6 months, no waiting period
Oral Surgery	50%	40%	No limit, no waiting period	50%	50%	No limit, 6-month waiting period
Crowns and Dentures	50%	40%	Replacement every 5 years, no waiting period	50%	50%	Replacement every 5 years, 6-month waiting period
Implants	Not covered			50%	50%	\$1,000 lifetime maximum, 6-month waiting period

# Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$39.07	0-14	\$39.07
15	\$44.10	15	\$44.10
16	\$42.44	16	\$42.44
17	\$41.13	17	\$41.13
18	\$36.98	18	\$36.98
19-22	\$43.46	19+	\$12.38
23-24	\$37.71	<b>Horizon Young Grins</b>	
25-29	\$46.40	Age	
30-34	\$49.29	Rate	
35-39	\$51.86	0-14	\$39.07
40-44	\$53.63	15	\$44.10
45-49	\$56.57	16	\$42.44
50-54	\$61.50	17	\$41.13
55-59	\$68.88	18	\$36.98
60-63	\$76.11		
64+	\$82.85		

For Horizon Family Grins Plus, Horizon Family Grins and Horizon Young Grins, you pay for the three oldest children and the remaining children are free.

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$24.38	\$20.05	\$20.81	\$17.02
23-24	\$23.63	\$19.42	\$20.16	\$16.49
25-29	\$26.85	\$22.06	\$22.90	\$18.72
30-34	\$27.25	\$22.37	\$23.23	\$18.99
35-39	\$28.48	\$23.39	\$24.29	\$19.87
40-44	\$30.93	\$25.44	\$26.40	\$21.59
45-49	\$34.29	\$28.18	\$29.25	\$23.92
50-54	\$36.99	\$30.40	\$31.55	\$25.80
55-59	\$38.49	\$31.64	\$32.85	\$26.86
60-64	\$40.21	\$33.04	\$34.30	\$28.04
65+	\$39.74	\$32.66	\$33.91	\$27.74

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$29.51	\$25.07	\$25.54	\$21.61
23-24	\$28.61	\$24.29	\$24.76	\$20.91
25-29	\$32.50	\$27.57	\$28.12	\$23.74
30-34	\$32.96	\$27.96	\$28.54	\$24.11
35-39	\$34.43	\$29.23	\$29.82	\$25.20
40-44	\$37.47	\$31.82	\$32.42	\$27.43
45-49	\$41.49	\$35.25	\$35.93	\$30.35
50-54	\$44.78	\$38.00	\$38.77	\$32.75
55-59	\$46.62	\$39.57	\$40.33	\$34.08
60-64	\$48.68	\$41.32	\$42.12	\$35.61
65+	\$48.11	\$40.86	\$41.61	\$35.20

## It's easy to enroll:

Contact your broker for more information.

Horizon Centurion	
1 Individual	\$60 per year
1 Family	\$84 per year

\*Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies. Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates.



## HORIZON VISION PLANS

### We can help you pay less for vision care nationwide.

Adding a Horizon Vision Plan can protect your health and dollars. Regular eye exams can help detect potential health issues such as hypertension and diabetes. We can help you save on vision exams, services and more.

## About our Vision Plans

### Vision Benefits<sup>1</sup>

Benefits include an annual eye exam with dilation, coverage for eyeglasses and contact lenses, a higher frame allowance when purchased through Visionworks® and mail-order contact lenses.

### Locations

Horizon Vision plans are administered through Davis Vision®, with over 195,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting [HorizonBlue.com/doctorfinder](https://HorizonBlue.com/doctorfinder) and clicking "Horizon Vision" in the Quick Links box.

### Horizon offers these Vision Plans:

#### Horizon Vista Plan V: \$<sup>2</sup>

- Annual eye exam for \$10
- \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$100 allowance for contact lenses
- Significant savings on progressives, high-index lenses and more

#### Horizon Panorama Plan V: \$\$<sup>2</sup>

- Annual eye exam for \$10
- \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$130 allowance for contact lenses
- Significant savings on progressives, high-index lenses and more

1. Dependent age to 26

2. In-network benefits. See next page for out-of-network reimbursement.

# Vision Plan Guide & Rates

Covered Services	Horizon Vista V	Horizon Panorama V		
	Horizon/Davis Vision View Network			
<b>In-Network Benefits</b>				
Eye examination inclusive of dilation (when professionally indicated)				
Spectacle lenses/frames		Once every calendar year		
<b>Copayments</b>				
Eye examination/spectacle lenses		\$10/\$10		
<b>Eyeglass Benefit – Frame</b>				
Non-collection frame allowance (retail)	Up to \$100 or \$150 <sup>1</sup>	Up to \$130 or \$180 <sup>1</sup>		
Plus 20% discount on any overage <sup>2</sup>				
Davis Vision Frame Collection <sup>3</sup> (in lieu of allowance): Fashion/Designer/Premier	Included/\$15/\$40	Included/Included/\$25		
<b>Eyeglass Benefit – Spectacle Lenses</b>				
Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Included		
Tinting of plastic lenses/scratch-resistant coating	\$15/Included	Included/Included		
Polycarbonate lenses (children <sup>4</sup> /adult)	\$0/\$35	\$0/\$30		
Ultraviolet coating	\$15	\$12		
Anti-reflective (AR) coating (standard/premium/ultra/ultimate)	\$40/\$55/\$69/\$85	\$35/\$48/\$60/\$85		
Progressive lenses (standard/premium/ultra/ultimate)	\$65/\$105/\$140/\$175	\$50/\$90/\$140/\$175		
High-index lenses/plastic photochromic lenses/polarized lenses	\$60/\$70/\$75	\$55/\$65/\$75		
Scratch Protection Plan: single vision/multifocal lenses	\$20/\$40			
Blue light filtering	\$15	\$15		
<b>Contact Lens Benefit (In Lieu of Eyeglasses)</b>				
Non-collection contact lenses: materials allowance	Up to \$100	Up to \$130		
Plus 15% discount on any overage <sup>2</sup>				
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount <sup>2</sup>			
Collection Contact Lenses <sup>3</sup> (in lieu of allowance): disposable/planned replacement	n/a	Up to 4 boxes/multipacks/ Up to 2 boxes/multipacks		
Evaluation, fitting and follow-up care	n/a	Included		
Visually required contact lenses (with prior approval): materials, evaluation, fitting and follow-up care	Included			
<b>Out-of-Network Reimbursement Schedule – Up to:</b>				
Eye examination: \$40	Single vision lenses: \$40	Trifocal lenses: \$80		
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100		
		Elective contact lenses: Vista: \$80/Panorama: \$105		
		Visually required contact lenses: \$225		
<b>One-Year Eyeglass Breakage Warranty Included</b>				

1. Members receive an additional \$50 allowance at Visionworks retail locations.

2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

3. Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.

4. Polycarbonate lenses are covered in full for children up to age 19, monocular patients and patients with prescriptions +/- 6.00 diopter or greater.

Seven-day benefit waiting period on both vision plans.

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.

Vista V	Panorama V
Monthly Premium	Monthly Premium
Single	\$13.28
Two Adults	\$26.56
Adult/Child(ren)	\$27.89
Family	\$38.92
Single	\$14.62
Two Adults	\$29.24
Adult/Child(ren)	\$30.71
Family	\$42.83

**It's easy to enroll:**  
Contact your broker for more information.

# ADDITIONAL COVERAGE

Expand your coverage and consolidate expenses with these additional options.



## Personal Accident Insurance

LifeSecure Insurance Company's Personal Accident Insurance provides benefits to help with medical costs if you suffer an accidental injury. By pairing it with your Horizon medical plan, you can protect your hard-earned wages and savings so you can focus on healing instead of worrying about unexpected financial setbacks resulting from an injury.

Call a Horizon Representative at **1-800-224-1234** to learn more.



## International Medical Coverage

With international medical coverage, Horizon can give you peace of mind about getting care if you need it while outside the United States. Through our collaboration with GeoBlue®, a leader and innovator in international health coverage, you have access to doctors and hospitals around the world with plans designed for a single trip, frequent traveling or long term/expat.

Learn more at  
[GeoBlueTravelInsurance.com/horizontravel](http://GeoBlueTravelInsurance.com/horizontravel).



## Pet Insurance\*

Horizon members have access to discounted pet insurance plans from ASPCA®, an advocate for animal welfare and a leader in the pet insurance industry. Members receive a 10% discount on coverage so they can give their pets the best care possible without worrying about overwhelming medical bills.

Learn more at  
[ASPCAPetInsurance.com/horizonbcbnj](http://ASPCAPetInsurance.com/horizonbcbnj).

\*Pet Insurance is not a Horizon product. Horizon members enjoy a discount. Pre-existing conditions are not covered. Coverage for prescription food does not include prevention or general health maintenance (including weight loss). Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions, visit [aspcapetinsurance.com/terms](http://aspcapetinsurance.com/terms). Customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates and discounts may vary and are subject to change.

# WE'RE HERE TO HELP

Whether you have questions or want to enroll immediately, our plan experts are ready to help.

## Our plan experts can answer your questions about:

- Whether you qualify for federal tax credits or New Jersey's subsidy program
- Finding the right coverage for you
- New Horizon benefits and services

Visit [HorizonBlue.com/MeetOnline](https://HorizonBlue.com/MeetOnline).  
Call 1-800-224-1234; bilingual plan experts are available.  
Or call your broker.



# CONVENIENT RESOURCES AT YOUR FINGERTIPS

## Find Care Easily:



Away From Home Care: [HorizonBlue.com/awayfromhome](https://HorizonBlue.com/awayfromhome)  
or call **973-466-8091**

Behavioral Health Care: [HorizonBlue.com/behavioralhealth](https://HorizonBlue.com/behavioralhealth)  
or call **1-800-626-2212**, 24/7

Doctor & Hospital Finder: [HorizonBlue.com/doctorfinder](https://HorizonBlue.com/doctorfinder)

Blue National Doctor & Hospital Finder: [provider.bcbs.com](https://provider.bcbs.com) or call  
BlueCard Access at **1-800-810-BLUE (2583)**

## Pharmacy:



Pharmacy: [myprime.com](https://myprime.com)  
or call **1-877-627-6337 (TTY 711)**  
Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time

Rx Savings Solutions: [HorizonBlue.com/rxss](https://HorizonBlue.com/rxss)

Amazon Pharmacy: [Amazon.com/horizonblue](https://Amazon.com/horizonblue)

## Health & Wellness:



Blue365® Healthy Living Discounts: [Blue365deals.com/horizonbcbs](https://Blue365deals.com/horizonbcbs)

Care Management Programs: [HorizonBlue.com/chronic-care](https://HorizonBlue.com/chronic-care)

My Health Manager powered by WebMD®: [HorizonBlue.com/mhm](https://HorizonBlue.com/mhm)

PRECIOUS ADDITIONS® for parents-to-be:  
[HorizonBlue.com/preciousadditions](https://HorizonBlue.com/preciousadditions)

**24/7 Nurse Line:** call **1-888-624-3096**.

## Summary of Benefits & Coverage:



Download your summary here: [HorizonBlue.com/individual-sbc](https://HorizonBlue.com/individual-sbc)



**Download the free Horizon Blue app**  
by scanning the QR Code or visiting the  
App Store® or Google Play™.\*



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

# A HEALTHIER YOU COVERED BY BLUE



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