



Can high-quality  
health plans cost less?



Horizon Blue Cross Blue Shield of New Jersey

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

**Your Plan Decision Guide**  
For 2016 Individual & Family  
Health Insurance Coverage



## Why choose Horizon Blue Cross Blue Shield of New Jersey?

### **Largest network**

of doctors and hospitals in New Jersey

### **Over 80 years**

of experience

### **Over 3.8 million**

members

### **96%**

of pharmacies accept Horizon drug coverage

### **It all adds up to peace of mind.**

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## In this guide ...

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

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Can high-quality  
health plans cost less?

**YES.**

New for 2016 ... OMNIA<sup>SM</sup> Health Plans

We're changing health care in New Jersey  
and driving down costs in the process.  
Health care is supposed to make us better.  
Now we're helping make health care better  
and helping it cost less.

*see more on page 2*

Can we join forces to change health care for the better?

**YES.**

The OMNIA<sup>SM</sup> Health Alliance is a collaboration among Horizon and certain doctors and hospitals across the state to enhance the patient experience, improve care and lower costs.



OMNIA Health Alliance doctors and hospitals are focused on:

#### Improving your health, not just increasing the amount of care you receive

Instead of looking at how many tests you have or how many times you see the doctor, we're concentrating on care that improves your health in a measurable way.

#### Keeping you well, not just treating you when you're sick

We're making it easy to get the screenings, preventive care and support you need to take care of minor health issues before they become more serious.

#### Taking a holistic approach to health, not just treating an isolated symptom or issue

We're working to provide OMNIA Health Alliance doctors with the information and support they need not only to see your total health status, but also to connect you with a comprehensive care team that can help with all your health needs.

#### Improving communication across your entire care team

From setting up specialist appointments to consulting with case managers and nurses, OMNIA Health Alliance doctors and hospitals collaborate to get you the care you need.

#### Sharing data to help doctors stay connected to your health

No matter where you go for tests, appointments or procedures while using your coverage, we're working to make sure OMNIA Health Alliance doctors and hospitals have that information, so they're always in the loop when it comes to your health.

To learn more, visit: [HorizonBlue.com/OMNIA](https://HorizonBlue.com/OMNIA)



Can we put the care back in health care?

**YES.**

**It's time to find a better way.** To stop putting up with rising health care costs. To transform New Jersey from one of the most expensive states for care to one of the best.

Introducing ...

**OMNIA**<sup>SM</sup>

Horizon BCBSNJ, together with patient-focused doctors and hospitals, is working to revolutionize the delivery of health care in New Jersey by creating innovative arrangements and products designed to improve care quality and increase patient satisfaction while reducing costs.

Our new OMNIA Health Plans feature:

Lower  
premiums

Lower  
deductibles\*

Lower  
copayments\*

Lower out-of-  
pocket costs\*

With lower costs and higher value, OMNIA Health Plan members have access to our broad Managed Care Network, and save when they choose certain doctors, hospitals or health care professionals.

**Making it easy to get the care you need**

Not only can you pay less — lower premiums, lower copayments, lower deductibles and lower out-of-pocket costs — to visit certain doctors, hospitals and other health care professionals, you won't need a referral to see them, either.

In fact, our new OMNIA Health Plans offer significantly lower premiums and no referrals when accessing our entire network, the largest in New Jersey. Plus, all Horizon health plans offer dozens of wellness benefits and innovative tools, like connecting with a doctor via video, chat or phone.

It's one more way we're saying yes to lowering health care costs in New Jersey.

*\*When seeing designated doctors, hospitals and other health care professionals.*



QUESTIONS? | 1-888-425-5611 or contact your broker • [HorizonBlue.com](http://HorizonBlue.com)

Can we help drive down health care costs?  
**YES.**

## Compare Plan Types

### Platinum, Gold, Silver or Bronze?

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

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

### OMNIA or Advantage?

Here’s a comparison of two typical plans. Each provides medical and drug benefits, wellness programs and emergency care. OMNIA Health plan members who get care at a Tier 2 doctor or hospital will have total out-of-pocket costs comparable to those in a similar Advantage plan.

	<b>OMNIA Silver Health Plan</b>		<b>Horizon Advantage EPO Silver</b>
	<i>Tier 1</i>	<i>Tier 2</i>	
<b>Deductible</b>	\$0	\$2,500	\$2,000
<b>Copayment</b>	\$30	Deductible then 50% coinsurance	\$25
<b>Monthly Premium*</b>	\$334.63		\$394.69

\*Monthly premium for a 30-year-old. Actual premium could be less if qualified for a subsidy.

Higher Premium  
More Usage



**PLATINUM**  
Highest premium,  
90% coverage  
(you pay 10%)

**GOLD**  
Higher premium,  
80% coverage  
(you pay 20%)

**SILVER**  
Mid-level premium,  
70% coverage  
(you pay 30%)

**BRONZE**  
Low premium,  
60% coverage  
(you pay 40%)

**ESSENTIALS**  
Low premium,  
High deductible,  
100% coverage  
after deductible



Lower Premium  
Less Usage



QUESTIONS? | 1-888-425-5611 or contact your broker • [HorizonBlue.com](https://www.HorizonBlue.com)

Can we make it easier for your doctor to focus on your health?

**YES.**

How much medical care do you typically use?

**NOT MUCH** — You get an annual checkup and preventive care, but rarely see doctors otherwise.

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

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

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

Would you be willing to choose from select doctors and hospitals to avoid paying a deductible?

You'll save more and have lower out-of-pocket costs when using certain doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder. Visit [HorizonBlue.com/DoctorFinder](https://horizonblue.com/DoctorFinder) to see a complete list of health care professionals near you.

**NO** — Consider Advantage EPO plans.

**YES** — Consider OMNIA Platinum, Gold and Silver plans.

Are you under age 30 and generally healthy?

**NO**  
**Consider:** Platinum, 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.

## Essential Benefits

All our health insurance plans 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 dental\* and vision care

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

*\* Pediatric dental is provided through a stand-alone pediatric dental plan.*

## What's an EPO?

EPO stands for Exclusive Provider Organization. Horizon EPO plans offer affordable care when you use participating doctors, specialists and hospitals. While it's not required, you're encouraged 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.

## What's an HSA?

A Health Savings Account, or HSA, is a special type of personal savings account used to help pay for medical care. You can save up to a set amount of money each year, tax-free, and use it toward your deductible and other medical expenses that your plan doesn't cover. Any money left over at the end of the year is yours to apply toward future medical expenses.

You can combine an HSA with a qualified high-deductible health plan, such as the OMNIA HSA Silver Plan.



## Is your doctor or hospital in our network?

Go to **HorizonBlue.com/DoctorFinder** and search by name, location or specialty.

OMNIA Health Plan members will save more and have lower out-of-pocket costs when using certain doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder.

## Get care anywhere, anytime with Horizon CareOnline<sup>SM</sup>

Sometimes it's not convenient to see your Primary Care Physician (PCP). That's why Horizon BCBSNJ offers Horizon CareOnline<sup>SM</sup>.

While Horizon CareOnline isn't a substitute for your regular PCP or personal doctor, our online doctors are always available to help when your doctor's office is closed, you feel too sick to drive, or you're traveling and need medical care.

### **Working with Amwell, a leader in telehealth, Horizon CareOnline is:**

- » **Affordable:** Equal to or less than your usual PCP copayment.
- » **Dependable:** Access is available 24 hours a day, 365 days a year.
- » **Easy to use:** No appointment is needed.
- » **Flexible:** You can review doctor profiles and choose the one who meets your needs.
- » **Confidential:** Your privacy is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Getting started is easy. Horizon members can visit **Horizon.Amwell.com** or call **1-855-818-DOCS** to sign up.

*American Well is an independent company that supports Horizon BCBSNJ in the administration of telemedicine services.*



Can we make the health care experience better?  
**YES.**

## Why choose OMNIA?

Our new OMNIA Health Plans give you the flexibility to visit any New Jersey health care professional in our broad Managed Care Network. But you'll save more with certain doctors, hospitals and other health care professionals — including lower premiums, lower deductibles, lower copayments and lower out-of-pocket costs.

Plus, Horizon health plans offer dozens of wellness benefits and innovative tools, like connecting with a doctor via video, chat or phone. It's one more way Horizon BCBSNJ is working to improve affordability, access and care with the power of yes.

All OMNIA Health Plans feature:

**The lowest premiums**

we offer when compared to similar plans

**The lowest out-of-pocket costs**

with certain doctors, hospitals and other health care professionals

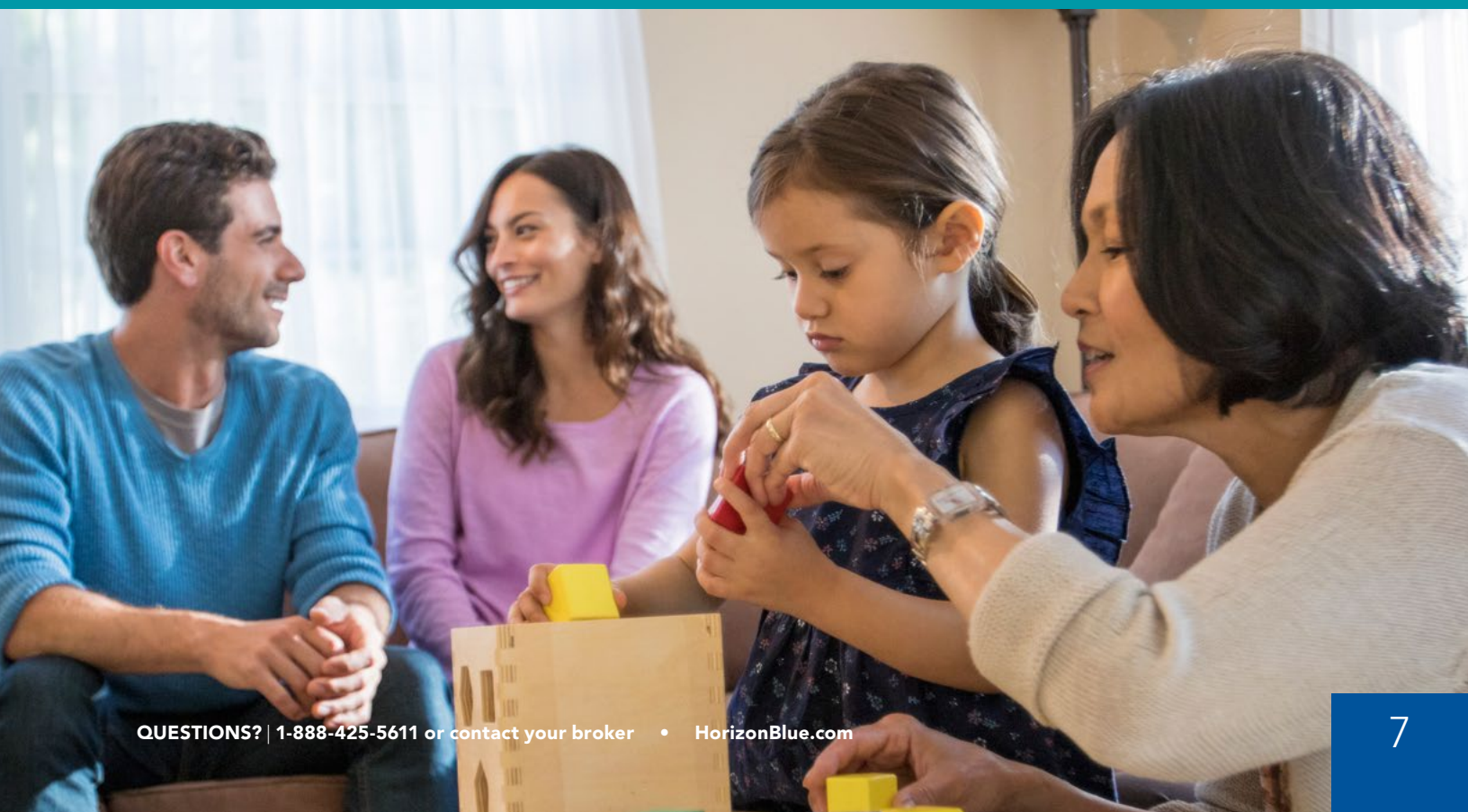
**No or low deductibles**

when using certain doctors, hospitals and other health care professionals

**No referrals needed**

for any doctors, hospitals and other health care professionals

## An improved patient experience



# Plans & Benefits

All plans include 10 categories of essential health benefits.

**OMNIA Health Plans** don't require a Primary Care Physician or specialist referrals. Members will save more and have lower out-of-pocket costs when using certain doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder at **HorizonBlue.com/DoctorFinder**.

**Advantage EPO Plans** don't require a Primary Care Physician or specialist referrals. Out-of-pocket costs may be higher when compared with OMNIA plans in similar “metal” tiers.

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

**Platinum, 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.

### How to choose a plan:

**1 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 pages 8 and 9. 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.

**3 Choose a plan.**

**4** A federally required Summary of Benefits and Coverage is available for each of these plans at **Shop.HorizonBlue.com**.

## Horizon OMNIA Plans

BENEFITS		PLATINUM		GOLD		SILVER		SILVER HSA		BRONZE	
Premium		\$\$\$\$		\$\$\$		\$		\$		\$	
Tier		OMNIA TIER 1	TIER 2	OMNIA TIER 1	TIER 2	OMNIA TIER 1	TIER 2	OMNIA TIER 1	TIER 2	OMNIA TIER 1	TIER 2
General Provisions	Primary Care Physician (PCP) Required?	No	No	No	No	No	No	No	No	No	No
	Out-of-Network/Area Coverage?	No	No	No	No	No	No	No	No	No	No
	Individual Deductible	\$0	\$1,000	\$0	\$2,500	\$0	\$2,500	\$1,500	\$2,500	\$3,000	\$3,000
	Family Deductible	\$0	\$2,000	\$0	\$5,000	\$0	\$5,000	\$3,000	\$5,000	\$6,000	\$6,000
	Individual Maximum Out-of-Pocket	\$1,500	\$2,500	\$3,500	\$5,000	\$6,850	\$6,850	\$3,500	\$6,450	\$6,850	\$6,850
	Family Maximum Out-of-Pocket	\$3,000	\$5,000	\$7,000	\$10,000	\$13,700	\$13,700	\$7,000	\$12,900	\$13,700	\$13,700
Health Care Services	PCP Office Visits & Consultations	\$5 copayment	\$15 copayment	\$10 copayment	Deductible then \$30 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	Deductible then \$30 copayment	Deductible then 50% coinsurance
	Specialist Visits & Consultations	\$15 copayment	\$35 copayment	\$20 copayment	Deductible then \$50 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$40 copayment	Deductible then \$50 copayment	Deductible then 50% coinsurance
Diagnostic Tests and Imaging	Lab/Radiology/Imaging PCP Office	\$5 copayment	\$15 copayment	\$10 copayment	Deductible then \$30 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	Deductible then \$30 copayment	Deductible then 50% coinsurance
	Lab/Radiology/Imaging Specialist Office	\$15 copayment	\$35 copayment	\$20 copayment	Deductible then \$50 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$40 copayment	Deductible then \$50 copayment	Deductible then 50% coinsurance
	Lab/Radiology/Imaging Outpatient	\$15 copayment	Deductible then 30% coinsurance	\$20 copayment	Deductible then 30% coinsurance	\$100 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Pharmacy Services	Generic Drugs	\$5 copayment (retail) \$10 copayment (mail order)	\$5 copayment (retail) \$10 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Preferred Brand Drugs	10% coinsurance	10% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Non-Preferred Brand Drugs & Specialty Drugs	30% coinsurance	30% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Outpatient Surgery Services	Both Hospital & Physician/Surgeon	\$150 copayment	Deductible then 30% coinsurance	\$250 copayment	Deductible then 30% coinsurance	\$250 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Both Ambulatory Surgical Hospital & Physician/Surgeon	0%	Deductible then 30% coinsurance	0%	Deductible then 30% coinsurance	0%	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Emergency/Urgent Medical Services	ER Hospital	\$100 copayment	\$100 copayment & deductible then 30% coinsurance	\$100 copayment	\$100 copayment & deductible then 30% coinsurance	\$100 copayment & \$500 ER deductible then 30% coinsurance	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 10% coinsurance	\$100 copayment & deductible then 30% coinsurance	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 50% coinsurance
	ER Professional/Medical Transportation	0%	Deductible then 30% coinsurance	0%	Deductible then 30% coinsurance	0%	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Urgent Care Center	\$15 copayment	\$35 copayment	\$20 copayment	Deductible then \$50 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$40 copayment	Deductible then \$50 copayment	Deductible then 50% coinsurance
Hospital Services	Outpatient Hospital	\$15 copayment	Deductible then 30% coinsurance	\$20 copayment	Deductible then 30% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient Hospital	\$300 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
	Physician/Surgeon	0%	Deductible then 30% coinsurance	0%	Deductible then 30% coinsurance	0%	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
Behavioral Health/ Substance Abuse	PCP	\$5 copayment	\$15 copayment	\$10 copayment	Deductible then \$30 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	Deductible then \$30 copayment	Deductible then 50% coinsurance
	Specialist Office Visit	\$15 copayment	\$35 copayment	\$20 copayment	Deductible then \$50 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$40 copayment	Deductible then \$50 copayment	Deductible then 50% coinsurance
	Outpatient	\$15 copayment	Deductible then 30% coinsurance	\$20 copayment	Deductible then 30% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient	\$300 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
Maternity Services	Delivery & All Inpatient Services	\$300 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
Other Services	In-home Health Care	\$5 copayment	\$5 copayment	\$10 copayment	\$10 copayment	\$30 copayment	\$30 copayment	Deductible then \$10 copayment	Deductible then \$10 copayment	Deductible then \$30 copayment	Deductible then \$30 copayment
	Rehabilitation, Hospice & Skilled Nursing Care — Inpatient	\$300 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Durable Medical Equipment	0%	Deductible then 30% coinsurance	0%	Deductible then 30% coinsurance	0%	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Chiropractic Care — 30 visits per year maximum	\$5 copayment	\$15 copayment	\$10 copayment	Deductible then \$30 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	Deductible then \$30 copayment	Deductible then 50% coinsurance



# Plans & Benefits

All plans include 10 categories of essential health benefits.

**OMNIA Health Plans** don't require a Primary Care Physician or specialist referrals. Members will save more and have lower out-of-pocket costs when using certain doctors, hospitals and other health care professionals designated in our Doctor & Hospital Finder at [HorizonBlue.com/DoctorFinder](https://horizonblue.com/DoctorFinder).

**Advantage EPO Plans** don't require a Primary Care Physician or specialist referrals. Out-of-pocket costs may be higher when compared with OMNIA plans in similar "metal" tiers.

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

**Platinum, 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.

## How to choose a plan:

- 1 **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 pages 8 and 9. To find out if you're eligible for premium assistance or cost-sharing subsidies, please visit [HorizonBlue.com/Estimator](https://horizonblue.com/Estimator), call **1-888-425-5611**, or call your broker.

- 3 **Choose a plan.**
- 4 A federally required Summary of Benefits and Coverage is available for each of these plans at [Shop.HorizonBlue.com](https://shop.horizonblue.com).

Horizon <b>Advantage EPO</b> Plans					
BENEFITS		GOLD	SILVER	BRONZE	ESSENTIALS
Premium		\$\$\$\$\$	\$\$\$	\$\$	\$
Tier					
General Provisions	Primary Care Physician (PCP) Required?	No; higher copayment	No; higher copayment	No; higher copayment	No; higher copayment
	Out-of-Network/Area Coverage?	No	No	No	No
	Individual Deductible	\$1,000	\$2,000	\$3,000	\$6,850
	Family Deductible	\$2,000	\$4,000	\$6,000	\$13,700
	Individual Maximum Out-of-Pocket	\$4,000	\$6,350	\$6,850	\$6,850
	Family Maximum Out-of-Pocket	\$8,000	\$12,700	\$13,700	\$13,700
Health Care Services	PCP Office Visits & Consultations	\$15 copayment	\$25 copayment	Deductible then \$30 copayment	\$0 copayment for three visits then deductible
	Specialist Visits & Consultations	\$30 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Diagnostic Tests and Imaging	Lab/Radiology/Imaging PCP Office	\$15 copayment	\$25 copayment	\$30 copayment	Deductible then 0% coinsurance
	Lab/Radiology/Imaging Specialist Office	\$30 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Lab/Radiology/Imaging Outpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Pharmacy Services	Generic Drugs	\$10 copayment (retail) \$20 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Preferred Brand Drugs	40% coinsurance	40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Non-Preferred Brand Drugs & Specialty Drugs	50% coinsurance	50% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Outpatient Surgery Services	Both Hospital & Physician/Surgeon	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Both Ambulatory Surgical Hospital & Physician/Surgeon	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Emergency/Urgent Medical Services	ER Hospital	\$100 copayment & deductible then 20% coinsurance	\$100 copayment & deductible then 40% coinsurance	\$100 copayment & deductible then 50% coinsurance	\$100 copayment & deductible then 0% coinsurance
	ER Professional/Medical Transportation	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Urgent Care Center	\$30 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Hospital Services	Outpatient Hospital	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Inpatient Hospital	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Physician/Surgeon	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Behavioral Health/ Substance Abuse	PCP	\$15 copayment	\$25 copayment	Deductible then \$30 copayment	Deductible then 0% coinsurance
	Specialist Office Visit	\$30 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Outpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Inpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Maternity Services	Delivery & All Inpatient Services	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Other Services	In-home Health Care	\$15 copayment	\$25 copayment	Deductible then \$30 copayment	Deductible then 0% coinsurance
	Rehabilitation, Hospice & Skilled Nursing Care — Inpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Durable Medical Equipment	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
	Chiropractic Care — 30 visits per year maximum	\$15 copayment	\$25 copayment	Deductible then \$30 copayment	Deductible then 0% coinsurance

# Monthly Premiums

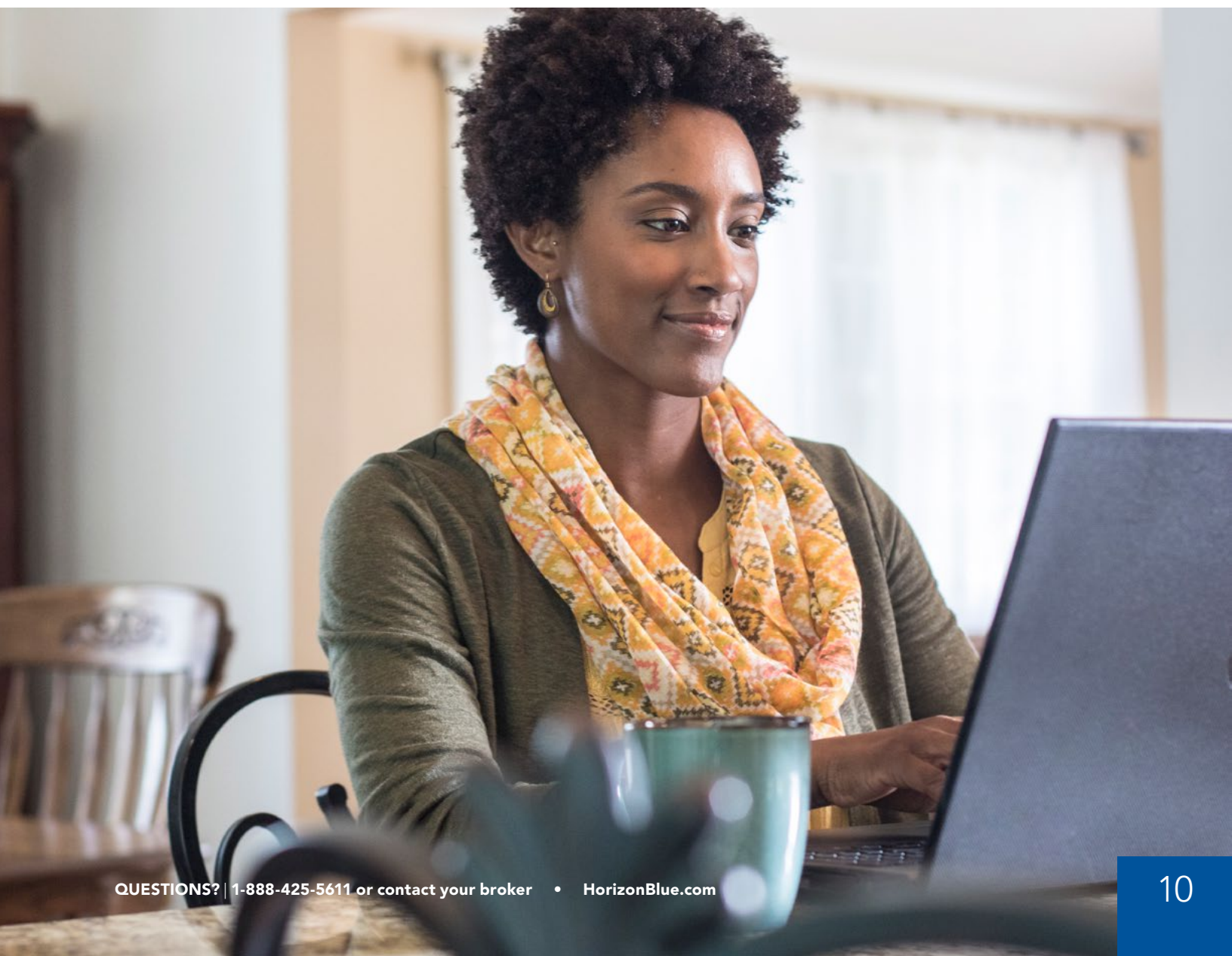
Here are the monthly premium rates for our Horizon BCBSNJ plans. **Your premium may be less** if you qualify for financial assistance from the government. To see if you qualify, use our online estimator at **[HorizonBlue.com/Estimator](https://HorizonBlue.com/Estimator)**.

To calculate your monthly premium:

- 1 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 government assistance.
- 2 Need to cover more than three children under age 21? You pay only for the first three.

**Questions?** Visit **[HorizonBlue.com](https://HorizonBlue.com)**, call **1-888-425-5611** or contact your broker.

If you qualify for premium assistance, you can apply it to any Platinum, 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.





**OMNIA**
**Advantage EPO**

Age	Platinum	Gold	Silver	Silver HSA	Bronze	Gold	Silver	Bronze	Essentials
0-20	\$295.15	\$242.24	\$187.21	\$166.28	\$143.65	\$294.01	\$220.82	\$198.06	\$130.40
21	\$464.80	\$381.49	\$294.82	\$261.85	\$226.22	\$463.00	\$347.74	\$311.91	\$205.36
22	\$464.80	\$381.49	\$294.82	\$261.85	\$226.22	\$463.00	\$347.74	\$311.91	\$205.36
23	\$464.80	\$381.49	\$294.82	\$261.85	\$226.22	\$463.00	\$347.74	\$311.91	\$205.36
24	\$464.80	\$381.49	\$294.82	\$261.85	\$226.22	\$463.00	\$347.74	\$311.91	\$205.36
25	\$466.66	\$383.01	\$296.00	\$262.90	\$227.13	\$464.85	\$349.13	\$313.16	\$206.18
26	\$475.96	\$390.64	\$301.90	\$268.14	\$231.65	\$474.11	\$356.09	\$319.39	\$210.29
27	\$487.12	\$399.80	\$308.98	\$274.42	\$237.08	\$485.22	\$364.43	\$326.88	\$215.22
28	\$505.24	\$414.68	\$320.47	\$284.63	\$245.91	\$503.28	\$377.99	\$339.05	\$223.23
29	\$520.12	\$426.89	\$329.91	\$293.01	\$253.14	\$518.10	\$389.12	\$349.03	\$229.80
30	\$527.55	\$432.99	\$334.63	\$297.20	\$256.76	\$525.51	\$394.69	\$354.02	\$233.08
31	\$538.71	\$442.14	\$341.70	\$303.49	\$262.19	\$536.62	\$403.03	\$361.50	\$238.01
32	\$549.86	\$451.30	\$348.78	\$309.77	\$267.62	\$547.73	\$411.38	\$368.99	\$242.94
33	\$556.84	\$457.02	\$353.20	\$313.70	\$271.02	\$554.67	\$416.59	\$373.67	\$246.02
34	\$564.27	\$463.13	\$357.92	\$317.89	\$274.64	\$562.08	\$422.16	\$378.66	\$249.31
35	\$567.99	\$466.18	\$360.27	\$319.98	\$276.45	\$565.79	\$424.94	\$381.15	\$250.95
36	\$571.71	\$469.23	\$362.63	\$322.08	\$278.26	\$569.49	\$427.72	\$383.65	\$252.59
37	\$575.43	\$472.28	\$364.99	\$324.17	\$280.07	\$573.19	\$430.50	\$386.14	\$254.24
38	\$579.15	\$475.33	\$367.35	\$326.27	\$281.87	\$576.90	\$433.28	\$388.64	\$255.88
39	\$586.58	\$481.44	\$372.07	\$330.46	\$285.49	\$584.31	\$438.85	\$393.63	\$259.17
40	\$594.02	\$487.54	\$376.79	\$334.65	\$289.11	\$591.71	\$444.41	\$398.62	\$262.45
41	\$605.18	\$496.70	\$383.86	\$340.93	\$294.54	\$602.83	\$452.76	\$406.11	\$267.38
42	\$615.87	\$505.47	\$390.64	\$346.95	\$299.75	\$613.48	\$460.76	\$413.28	\$272.10
43	\$630.74	\$517.68	\$400.08	\$355.33	\$306.99	\$628.29	\$471.88	\$423.26	\$278.67
44	\$649.33	\$532.94	\$411.87	\$365.81	\$316.03	\$646.81	\$485.79	\$435.74	\$286.89
45	\$671.18	\$550.87	\$425.73	\$378.11	\$326.67	\$668.57	\$502.14	\$450.40	\$296.54
46	\$697.21	\$572.23	\$442.24	\$392.78	\$339.34	\$694.50	\$521.61	\$467.86	\$308.04
47	\$726.49	\$596.27	\$460.81	\$409.27	\$353.59	\$723.67	\$543.52	\$487.51	\$320.98
48	\$759.96	\$623.73	\$482.04	\$428.13	\$369.88	\$757.01	\$568.56	\$509.97	\$335.76
49	\$792.96	\$650.82	\$502.97	\$446.72	\$385.94	\$789.88	\$593.24	\$532.12	\$350.35
50	\$830.14	\$681.34	\$526.56	\$467.67	\$404.04	\$826.92	\$621.06	\$557.07	\$366.77
51	\$866.86	\$711.48	\$549.85	\$488.35	\$421.91	\$863.50	\$648.54	\$581.71	\$383.00
52	\$907.30	\$744.66	\$575.50	\$511.13	\$441.59	\$903.78	\$678.79	\$608.85	\$400.86
53	\$948.20	\$778.24	\$601.44	\$534.18	\$461.50	\$944.52	\$709.39	\$636.29	\$418.94
54	\$992.36	\$814.48	\$629.45	\$559.05	\$482.99	\$988.51	\$742.43	\$665.93	\$438.45
55	\$1,036.51	\$850.72	\$657.46	\$583.93	\$504.48	\$1,032.49	\$775.46	\$695.56	\$457.95
56	\$1,084.39	\$890.01	\$687.82	\$610.90	\$527.78	\$1,080.18	\$811.28	\$727.68	\$479.11
57	\$1,132.73	\$929.69	\$718.49	\$638.13	\$551.31	\$1,128.33	\$847.44	\$760.12	\$500.46
58	\$1,184.32	\$972.03	\$751.21	\$667.20	\$576.42	\$1,179.72	\$886.04	\$794.74	\$523.26
59	\$1,209.89	\$993.01	\$767.43	\$681.60	\$588.86	\$1,205.19	\$905.17	\$811.90	\$534.55
60	\$1,261.48	\$1,035.36	\$800.15	\$710.67	\$613.97	\$1,256.58	\$943.77	\$846.52	\$557.35
61	\$1,306.10	\$1,071.98	\$828.46	\$735.80	\$635.69	\$1,301.03	\$977.15	\$876.46	\$577.06
62	\$1,335.38	\$1,096.02	\$847.03	\$752.30	\$649.94	\$1,330.20	\$999.06	\$896.11	\$590.00
63	\$1,372.10	\$1,126.15	\$870.32	\$772.99	\$667.81	\$1,366.78	\$1,026.53	\$920.76	\$606.22
64+	\$1,394.40	\$1,144.45	\$884.46	\$785.55	\$678.66	\$1,389.00	\$1,043.22	\$935.72	\$616.08



**All Horizon BCBSNJ health insurance plans** include certain Horizon Wellness programs and discounts at no additional cost. Horizon Wellness offers living programs, savings programs and practical tools to help you be happy and healthy.

**Living:** Programs and support for better health beyond the doctor's office.



#### **PRECIOUS ADDITIONS®**

Our PRECIOUS ADDITIONS® program provides free maternity services, both before and after giving birth.

Features include:

- » Maternity Health Coaching
- » Prenatal Class Reimbursement
- » Text4Baby Health Information

- » Specialized Case Management Services
- » Pregnancy Guide and Children's Health Guide
- » "Baby Blues" versus Postpartum Depression
- » "Benefits of Breastfeeding" Guidance

**More Living Programs:** Complex Case Management, Exercise Program, Stress Management Program, Mental Health Services, Nutrition Program, Weight Management Program, Chronic Care Program, Health Topics, Emotional Health Program

**Tools:** Trackers, calculators and more to make life easier and healthier.



#### **24/7 NURSE LINE**

Have a health-related question? Our 24/7 Nurse Line is ready with answers, anytime, from anywhere, around the clock. You can get trusted, doctor-approved information, tips and guidance from an experienced, caring registered nurse.

We can help you:

- » Decide if the Emergency Room, a doctor visit or self-care is right for your needs
- » Learn more about a diagnosis\*
- » Explore the risks, benefits and possible outcomes of treatment options

- » Get tips on nutrition and exercise to help you maintain a healthy weight
- » Learn about health screenings and immunizations

\*Our nurses cannot provide a diagnosis over the phone, but they will help you decide what to do next.

**More Tools:** Hospital Advisor, Online Health Records, Symptom Checker, Weight Tracker

**Savings:** Ways to spend less money on the things that help you get healthy.



#### **HEALTHY DISCOUNTS**

Saving money never felt so healthy! Presenting the next-generation Blue365® — a fresh take on our valued member discount program. Blue365 has a brand-new

look, a range of new features, and even greater discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.

Visit [Blue365deals.com/HorizonBCBS](https://Blue365deals.com/HorizonBCBS) to find deals on:

- » Fitness
- » Healthy eating
- » Living
- » Personal care
- » Wellness

## One stop shopping for all your coverage needs



The Affordable Care Act requires every individual health plan to include pediatric dental care. If you're enrolling in an individual health plan from Horizon, you must buy pediatric dental coverage if you don't already have it. Our dental plan options will help you meet the requirement – and many of them can cover adults, too.

### Covering a child under the age of 19?

#### **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.

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

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

The Horizon Family Grins plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network coverage.

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

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

#### **Horizon Individual 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. Your selected primary care dentist will coordinate all your dental care, including referrals to specialists if necessary.

#### **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.

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



### Look to Horizon BCBSNJ for affordable, high-quality eye care and eyewear.

#### Our Vista and Panorama vision plans include:

- » Once-a-year eye health examination
- » Frame and spectacle lenses (single vision, lined bifocal, trifocal or lenticular lenses for any prescription)
- » Contact lens evaluation, fitting and follow-up care, and contact lenses in place of eyeglasses
- » One-year eyeglass breakage warranty

#### **Horizon Vista Plan: \$**

The Vista plan includes fashion-level frames at no charge, designer-level frames with a \$15 copayment, and premier-level frames with a \$40 copayment. In place of eyeglasses, the Vista plan covers up to \$100 for non-collection contact lenses, plus a 15% discount on any additional cost.

#### **Horizon Panorama Plan: \$\$**

The Panorama plan includes fashion and designer-level frames at no charge, and premier-level frames with a \$25 copayment. In place of eyeglasses, the Panorama plan covers up to \$130 for non-collection contact lenses.

# 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 2016)
- ☐ **Personal information for each household member to be covered:**
  - ☐ Full Legal Name
  - ☐ Birth Date
  - ☐ Social Security Number

### Have a question about Horizon BCBSNJ health coverage?

Horizon BCBSNJ is committed to providing the information you need about our health coverage. Our Member Online Services offers convenient access whenever you want it.

Go to **HorizonBlue.com/FAQs** to read answers to frequently asked questions about benefits, claims, enrollment and more.

### 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):** Dinek'ehgo 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.*

*Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols, and Blue365®, are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols and Precious Additions® are registered marks, and OMNIA<sup>SM</sup> and Horizon CareOnline<sup>SM</sup> are service marks, of Horizon Blue Cross Blue Shield of New Jersey.*

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## Choose the enrollment method you prefer:

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



**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.**




**In person.** Check **Events.HorizonBlue.com** to find an enrollment event near you.

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.



A man in a light blue t-shirt and dark shorts is running on a paved path in a park. The path is surrounded by green grass and trees. The man is looking towards the camera with a slight smile. The background is slightly blurred, showing more trees and a clear sky.

Put our caring team of experts to work for you.

**Enroll with confidence today!**

Horizon BCBSNJ is transforming how health care is delivered in New Jersey. With the OMNIA Health Plan and OMNIA Health Alliance, we offer access to doctors, hospitals and other health care providers that are committed to a better patient experience at a lower cost.

Today, over **3.8 million members** — your family, neighbors and friends — rely on Horizon BCBSNJ for health, prescription, dental and vision coverage.

**QUESTIONS?**

**Call 1-888-425-5611**

**Contact your broker**

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



Enroll in person at one of these retail locations:

**Moorestown**

1680 Nixon Drive  
East Gate Square  
Moorestown, NJ 08057  
1-855-702-6663

**Wall**

1427 Wyckoff Road  
Farmingdale, NJ 07727  
1-888-765-7656

**Newark**

3 Penn Plaza East  
Newark, NJ 07105  
1-888-765-7656

**Jersey City**

353 Central Ave.  
Jersey City, NJ 07307  
1-844-440-2233

For a mall location near you, visit: **Events.HorizonBlue.com**

Bilingual assistance is available at all locations.

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