

Yes

we're making our health plans
work harder for you.



2017 Health Plan Guide

Individual and Family Health Insurance Coverage



HorizonBlue.com

Why say **Yes** to Horizon Blue Cross Blue Shield of New Jersey?

The Largest Network

Over 39,000 doctors and 73 hospitals across New Jersey and parts of Pennsylvania and Delaware.

Commitment to Members

We make sure your health plan is something you can understand, afford, and use with confidence.

Award-winning Customer Service

Horizon BCBSNJ was named Best Health Insurer in Insure.com's 2016 Customer Satisfaction Survey.

Always Improving

With new plans, new services, and new ways to manage your health and save money while doing it.

This guide can help you

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Putting our strength and stability behind you

We've served the people of New Jersey for over 84 years. We strive to guide, support, and protect our members. To connect them with high-quality care and drive down costs. To bring members peace of mind that we will be there for them this year, next year, and for many more years to come.

How to Compare Plans

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

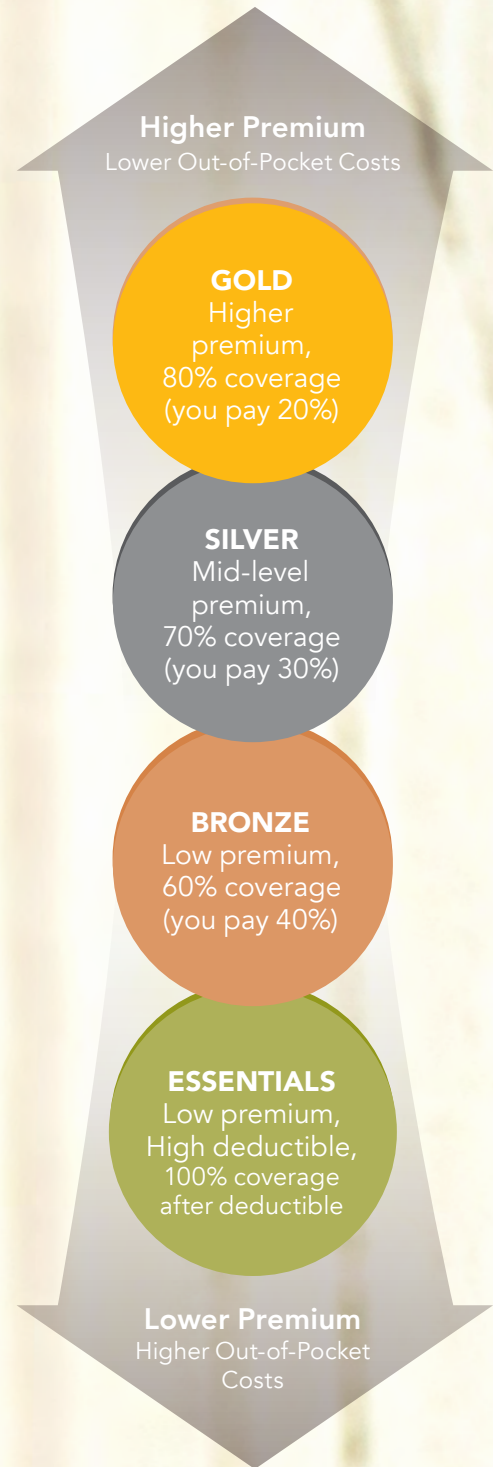
In addition to plans at the Gold, Silver, and Bronze levels, Horizon BCBSNJ offers a low-cost, high-deductible Essentials plan for individuals under age 30.

OMNIA or Advantage?

Here’s a comparison of two popular Horizon BCBSNJ plans. Each provides medical and drug benefits, wellness programs, and emergency care. OMNIA Health Plan members who use OMNIA Tier 1 doctors and hospitals will have lower out-of-pocket costs and monthly premiums. OMNIA Health Plan members who receive care at an OMNIA Tier 2 doctor or hospital will have total out-of-pocket costs comparable to those in a similar Advantage plan.

	OMNIA Silver Health Plan		Horizon Advantage EPO Silver
	OMNIA Tier 1	OMNIA Tier 2	
Deductible	\$0	\$2,500	\$2,000
Copayment	\$30	Deductible then 50% coinsurance	\$25
Monthly Premium*	\$352.59		\$422.11

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



Networks and Tiers?

Every health plan has a network, which is a list of doctors, hospitals, and specialists who will accept your plan. Some networks are also broken up into tiers, which are doctors and hospitals grouped together based on how much it will cost you to use their services.

OMNIA Health Plans use a tiered network. You pay a lower premium to access our entire network of over 39,000 doctors and 73 hospitals, **but you'll save even more on out-of-pocket costs with over 26,000 doctors and leading hospitals in OMNIA Tier 1.**

Search all our doctors and hospitals online by name, specialty, or location at **HorizonBlue.com/DoctorFinder**

Does Your Plan Give You Extras?

After you've found the plans that meet your cost and network needs, take a look at any additional benefits or extras they may offer.

For example,

- › Does the plan include wellness benefits like weight-loss or nutrition programs?
- › Are there support programs for maternity care or chronic conditions like diabetes?
- › Do you get other discounts for being a member?

OMNIA Health Plans include all these extras and more.





How to Choose a Plan

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 or the 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: Gold or Silver plans with higher premiums but lower deductibles and out-of-pocket costs.



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.

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 true emergency and urgent 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 a HSA with a qualified high-deductible health plan, such as the OMNIA HSA Silver Plan.

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

YES

Consider: OMNIA Gold and Silver plans. You'll save more and have lower out-of-pocket costs when using OMNIA Tier 1 doctors, hospitals, and other health care professionals designated in our Doctor & Hospital Finder. Visit [HorizonBlue.com/DoctorFinder](https://www.horizonblue.com/DoctorFinder) to see a complete list of health care professionals near you.

NO

Consider: Advantage EPO plans.

Are you under age 30 and generally healthy?

YES

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

NO

Consider: Gold, Silver, or Bronze plans.



Yes

OMNIA Health Plans
offer so much more.

Our OMNIA Health Plans are helping us
say yes to giving you more choice and more
control over your health care costs.



Access more doctors and hospitals in New Jersey than with any other insurer.

- › Over 39,000 doctors and specialists
- › Over 73 hospitals in 91 convenient locations across New Jersey and parts of Pennsylvania and Delaware
- › No referrals to get in the way of seeing the doctors you need
- › All for one competitive premium

Plus, OMNIA Health Plan members have even more ways to save on care.

- › Save more when choosing from over 26,000 OMNIA Tier 1 doctors and specialists
- › Visit some of New Jersey's leading hospitals and pay less
- › All with copays as low as \$10
- › And low or no deductibles

New for 2017

- › More bill-pay options
- › Easier-to-use member websites
- › Money back on gym memberships
- › Professional advisors for life and health needs
- › Comprehensive recovery support
- › \$50 for completing a Health Assessment

Yes

the list of OMNIA Health Plan features just keeps growing.

› **NEW – More bill-pay options**

Paying your premium is easier than ever. Set up automatic monthly payments or pay by checking account, debit card, credit card, phone, mail, or MoneyGram.

› **NEW – Easier-to-use member websites**

Our streamlined websites make it easier to find what you need and get things done: Renew or update your plan, search for doctors and hospitals, print your ID card or view it on a mobile device, see claims, and more.

› **NEW – Money back on gym memberships**

Join the HorizonbFit program and you'll earn a \$20 reimbursement for every month that you visit a participating fitness facility for 12 days or more—up to \$240 per year.

› **NEW – Professional advisors for life and health needs**

The Horizon Balance Living program connects you with professional advisors who can help with financial and legal advice, child or elder care referrals, and more.

› **NEW – Comprehensive recovery support**

To make your recovery from a significant illness or health issue as smooth as possible, we work with AbilTo Inc. to help you feel better, both physically and emotionally.

› **NEW – \$50 for completing a Health Assessment**

Get a \$50 gift card for taking a WebMD®-powered assessment, designed to give you a picture of your current health status and connect you with free resources that match your needs.



Plus, OMNIA Health Plan members still get all these extras:

- › **Dedicated OMNIA Customer Service Associates**
Specially trained to help with everything from finding a doctor to using these benefits
- › **Exclusive discounts on popular brands**
Save on fitness trackers, nutrition programs, baby gear, and more with Blue365®
- › **Free preventive care**
Including annual screenings, well-child care, flu shots, and immunizations
- › **Certified doctor video chat**
Use Horizon CareOnline on a mobile device, laptop, or tablet—no appointment needed
- › **24/7 Nurse Line**
Call a nurse for doctor-approved health advice whenever you need it
- › **Specialized medical care programs**
To help with your asthma, heart or kidney disease, COPD, diabetes, or pregnancy
- › **Confidential Mental Health Services**
To give you and your loved ones the support you need for relationship issues, depression, alcoholism, and addictions
- › **Health management tools**
Medical records, fitness data trackers, and health advice powered by WebMD®
- › **Member Services live chat**
Chat with our service representatives or use our secure message center
- › **Online videos, guides, and FAQs**
To help you learn how to get the most from your plan

Learn more about our OMNIA Health Plans at HorizonBlue.com/OMNIA

Plans Benefit Details

Here's what to keep in mind when comparing plans.

Gold, Silver, and Bronze plan levels correspond to how much you pay versus how much Horizon BCBSNJ pays when you get care.

Members will have lower out-of-pocket costs when using OMNIA Tier 1. Out-of-pocket costs may be higher with Advantage EPO Plans when compared with OMNIA Health Plans in similar "metal" tiers.

Whether you choose an OMNIA or Advantage Health Plan, you do not need to choose a Primary Care Physician or get a referral to see specialists.

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

All plans include 10 categories of essential health benefits (see page 7 for list).

Terms to know

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

Copayment: The fixed amount you must pay after you've paid the deductible 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 (MOOP): The most you must pay for covered health care services during a plan year.

Understanding family costs

True Family Aggregate Deductible: It is possible that one or more members can exceed their individual deductible because the family deductible must be met first. The family deductible can be met by one member on the policy or a combination of members. The OMNIA Silver HSA plan has this type of deductible.

Aggregate Deductible: Each family member only needs to meet the individual deductible, and the family deductible amount can be met by one member on the policy or a combination of family members. OMNIA Gold, Silver, and Bronze plans have this type of deductible.

Family Out-of-Pocket Maximum (MOOP) Amounts: Per federal regulation, no one person can exceed the individual MOOP amount. This means that once one family member meets the individual MOOP amount, that family member will pay no more covered charges.

For a family of two, each individual will have to meet their individual MOOP amounts on their own. For a family of more than two, any combination of family members can help meet the family MOOP, with no individual exceeding the individual MOOP amount. If the family MOOP is met before any family member reaches his/her individual MOOP, no one will be billed for any covered charges.

Horizon OMNIASM Health Plans

BENEFITS	OMNIA Bronze		OMNIA Silver		OMNIA Silver HSA		OMNIA Gold		
	OMNIA Tier 1	OMNIA Tier 2	OMNIA Tier 1	OMNIA Tier 2	OMNIA Tier 1	OMNIA Tier 2	OMNIA Tier 1	OMNIA Tier 2	
GENERAL PROVISIONS	Primary Care Physician (PCP) Required?	No	No	No	No	No	No	No	
	Out-of-Network/Area Coverage?	No	No	No	No	No	No	No	
	Individual Deductible	\$3,000	\$3,000	\$0	\$2,500	\$1,500*	\$2,500*	\$0	\$2,500
	Family Deductible	\$6,000	\$6,000	\$0	\$5,000	\$3,000	\$5,000	\$0	\$5,000
	Individual Maximum Out-of-Pocket	\$7,150	\$7,150	\$7,150	\$7,150	\$3,600	\$6,550	\$3,500	\$6,350
Family Maximum Out-of-Pocket	\$14,300	\$14,300	\$14,300	\$14,300	\$7,200	\$13,100	\$7,000	\$12,700	
HEALTH CARE SERVICES	PCP Office Visits & Consultations	Deductible then \$30 copayment	Deductible then 50% coinsurance	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	\$10 copayment	Deductible then \$30 copayment
	Specialist Visits & Consultations	Deductible then \$50 copayment	Deductible then 50% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$50 copayment	\$25 copayment	Deductible then \$50 copayment
DIAGNOSTIC TESTS AND IMAGING	Lab/Radiology Free Standing	No Charge	No Charge	No Charge	No Charge	Deductible	Deductible	No Charge	No Charge
	Lab Office Visit	No Charge	No Charge	No Charge	No Charge	Deductible	Deductible	No Charge	No Charge
	Radiology Office Visit	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then 50% coinsurance	\$30 PCP copayment or \$50 Specialist copayment	Deductible then 50% coinsurance	Deductible then \$10 PCP copayment or Deductible then \$20 Specialist copayment	Deductible then \$25 PCP copayment or Deductible then \$50 Specialist copayment	\$10 PCP copayment or \$25 Specialist copayment	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment
	Lab/Radiology Outpatient	Deductible then No Charge	Deductible then 50% coinsurance	No Charge	Deductible then 50% coinsurance	Deductible then No Charge	Deductible then 30% coinsurance	No Charge	Deductible then 30% coinsurance
PHARMACY SERVICES	Generic Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$15 copayment (retail) \$30 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 40% coinsurance	Deductible then 40% coinsurance	\$10 copayment (retail) \$20 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)
	Preferred Brand Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	50% coinsurance	50% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	40% coinsurance	40% coinsurance
	Non-Preferred Brand Drugs and Specialty Drugs	Deductible then 50% coinsurance	Deductible then 50% coinsurance	50% coinsurance	50% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	50% coinsurance	50% coinsurance
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$250 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$250 copayment	Deductible then 30% coinsurance
	Both Ambulatory Surgical Hospital and Physician/Surgeon	Deductible then 50% coinsurance	NA	\$250 copayment	NA	Deductible then 10% coinsurance	NA	\$250 copayment	NA
EMERGENCY/URGENT MEDICAL SERVICES	ER Hospital	\$100 copayment & Deductible, then 50% coinsurance	\$100 copayment & Deductible, then 50% coinsurance	\$100 copayment & \$900 ER Deductible	\$100 copayment & Deductible, then 50% coinsurance	\$100 copayment & Deductible, then 10% coinsurance	\$100 copayment & Deductible then 30% coinsurance	\$100 copayment	\$100 copayment & Deductible, then 30% coinsurance
	ER Professional	Deductible then 50% coinsurance	Deductible then 50% coinsurance	No Charge	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	No Charge	Deductible then 30% coinsurance
	Medical Transportation	Deductible then No Charge	NA	No Charge	NA	Deductible then 10% coinsurance	NA	No Charge	NA
	Urgent Care Center	Deductible then \$50 copayment	Deductible then 50% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$50 copayment	\$25 copayment	Deductible then \$50 copayment
HOSPITAL SERVICES	Outpatient Hospital	Deductible then 50% coinsurance	Deductible then 50% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$20 copayment	Deductible then 30% coinsurance
	Inpatient Hospital	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance
	Physician/Surgeon	Deductible then 50% coinsurance	Deductible then 50% coinsurance	No Charge	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	No Charge	Deductible then 30% coinsurance
BEHAVIORAL HEALTH/SUBSTANCE ABUSE	PCP	Deductible then \$30 copayment	Deductible then 50% coinsurance	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	\$10 copayment	Deductible then \$30 copayment
	Specialist Office Visit	Deductible then \$50 copayment	Deductible then 50% coinsurance	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$20 copayment	Deductible then \$50 copayment	\$25 copayment	Deductible then \$50 copayment
	Outpatient	Deductible then 50% coinsurance	Deductible then 50% coinsurance	No Charge	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	No Charge	Deductible then 30% coinsurance
	Inpatient	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance
MATERNITY SERVICES	Delivery and All Inpatient Services	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance
OTHER SERVICES	In-Home Health Care	Deductible then \$30 copayment	NA	\$30 copayment	NA	Deductible then \$10 copayment	NA	\$10 copayment	NA
	Rehabilitation, Hospice & Skilled Nursing Care—Inpatient	Deductible then \$500 copayment	Deductible then 50% coinsurance	\$500 per day copayment	Deductible then 50% coinsurance	Deductible then 10% coinsurance	Deductible then 30% coinsurance	\$500 per day copayment	Deductible then 30% coinsurance
	Durable Medical Equipment	No Charge	NA	No Charge	NA	Deductible then No Charge	NA	No Charge	NA
	Chiropractic Care— 30 visits per year maximum	Deductible then \$30 copayment	Deductible then 50% coinsurance	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$10 copayment	Deductible then \$25 copayment	\$10 copayment	Deductible then \$30 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.

Plans Benefit Details

Here's what to keep in mind when comparing plans.

Gold, Silver, and Bronze plan levels correspond to how much you pay versus how much Horizon BCBSNJ pays when you get care.

Members will have lower out-of-pocket costs when using OMNIA Tier 1. Out-of-pocket costs may be higher with Advantage EPO Plans when compared with OMNIA Health Plans in similar "metal" tiers.

Whether you choose an OMNIA or Advantage Health Plan, you do not need to choose a Primary Care Physician or get a referral to see specialists.

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

All plans include 10 categories of essential health benefits (see page 7 for list).

Terms to know

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

Copayment: The fixed amount you must pay after you've paid the deductible 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 (MOOP): The most you must pay for covered health care services during a plan year.

Understanding family costs

True Family Aggregate Deductible: It is possible that one or more members can exceed their individual deductible because the family deductible must be met first. The family deductible can be met by one member on the policy or a combination of members. The OMNIA Silver HSA plan has this type of deductible.

Aggregate Deductible: Each family member only needs to meet the individual deductible, and the family deductible amount can be met by one member on the policy or a combination of family members. OMNIA Gold, Silver, and Bronze plans have this type of deductible.

Family Out-of-Pocket Maximum (MOOP) Amounts: Per federal regulation, no one person can exceed the individual MOOP amount. This means that once one family member meets the individual MOOP amount, that family member will pay no more covered charges.

For a family of two, each individual will have to meet their individual MOOP amounts on their own. For a family of more than two, any combination of family members can help meet the family MOOP, with no individual exceeding the individual MOOP amount. If the family MOOP is met before any family member reaches his/her individual MOOP, no one will be billed for any covered charges.

Horizon Advantage EPO Health Plans

BENEFITS		Advantage Essentials	Advantage Bronze	Advantage Silver
GENERAL PROVISIONS	Primary Care Physician (PCP) Required?	No; higher copayment	No; higher copayment	No; higher copayment
	Out-of-Network/Area Coverage?	No	No	No
	Individual Deductible	\$7,150	\$3,000	\$2,000
	Family Deductible	\$14,300	\$6,000	\$4,000
	Individual Maximum Out-of-Pocket	\$7,150	\$7,150	\$6,350
	Family Maximum Out-of-Pocket	\$14,300	\$14,300	\$12,700
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$0 copayment for three visits then Deductible	Deductible then \$30 copayment	\$25 copayment
	Specialist Visits & Consultations	Deductible then No Charge	Deductible then 50% coinsurance	\$50 copayment
DIAGNOSTIC TESTS AND IMAGING	Lab/Radiology Free Standing	No Charge	No Charge	No Charge
	Lab Office Visit	No Charge	No Charge	No Charge
	Radiology Office Visit	Deductible then No Charge	Deductible then \$30 PCP copayment or Deductible then 50% Specialist coinsurance	\$25 PCP copayment or \$50 Specialist copayment
	Lab/Radiology Outpatient	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
PHARMACY SERVICES	Generic Drugs	Deductible then No Charge	Deductible then 50% coinsurance	\$15 copayment (retail) \$30 copayment (mail order)
	Preferred Brand Drugs	Deductible then No Charge	Deductible then 50% coinsurance	40% coinsurance
	Non-Preferred Brand Drugs and Specialty Drugs	Deductible then No Charge	Deductible then 50% coinsurance	50% coinsurance
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Both Ambulatory Surgical Hospital and Physician/Surgeon	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
EMERGENCY/URGENT MEDICAL SERVICES	ER Hospital	Deductible then No Charge	\$100 copayment & Deductible then 50% coinsurance	\$100 copayment & Deductible then 40% coinsurance
	ER Professional	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Medical Transportation	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Urgent Care Center	Deductible then No Charge	Deductible then 50% coinsurance	\$50 copayment
HOSPITAL SERVICES	Outpatient Hospital	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Inpatient Hospital	Deductible then No Charge	Deductible then \$500 per day copayment	Deductible then 40% coinsurance
	Physician/Surgeon	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
BEHAVIORAL HEALTH/SUBSTANCE ABUSE	PCP	Deductible then No Charge	Deductible then \$30 copayment	\$25 copayment
	Specialist Office Visit	Deductible then No Charge	Deductible then 50% coinsurance	\$50 copayment
	Outpatient	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Inpatient	Deductible then No Charge	Deductible then \$500 per day copayment	Deductible then 40% coinsurance
MATERNITY SERVICES	Delivery and All Inpatient Services	Deductible then No Charge	Deductible then \$500 per day copayment	Deductible then 40% coinsurance
OTHER SERVICES	In-Home Health Care	Deductible then No Charge	Deductible then \$30 copayment	\$25 copayment
	Rehabilitation, Hospice & Skilled Nursing Care—Inpatient	Deductible then No Charge	Deductible then \$500 per day copayment	Deductible then 40% coinsurance
	Durable Medical Equipment	Deductible then No Charge	Deductible then 50% coinsurance	Deductible then 40% coinsurance
	Chiropractic Care— 30 visits per year maximum	Deductible then No Charge	Deductible then \$30 copayment	\$25 copayment

Estimate Your 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 Federal Government. To see if you qualify, use our online estimator at HorizonBlue.com/Calculator.

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?

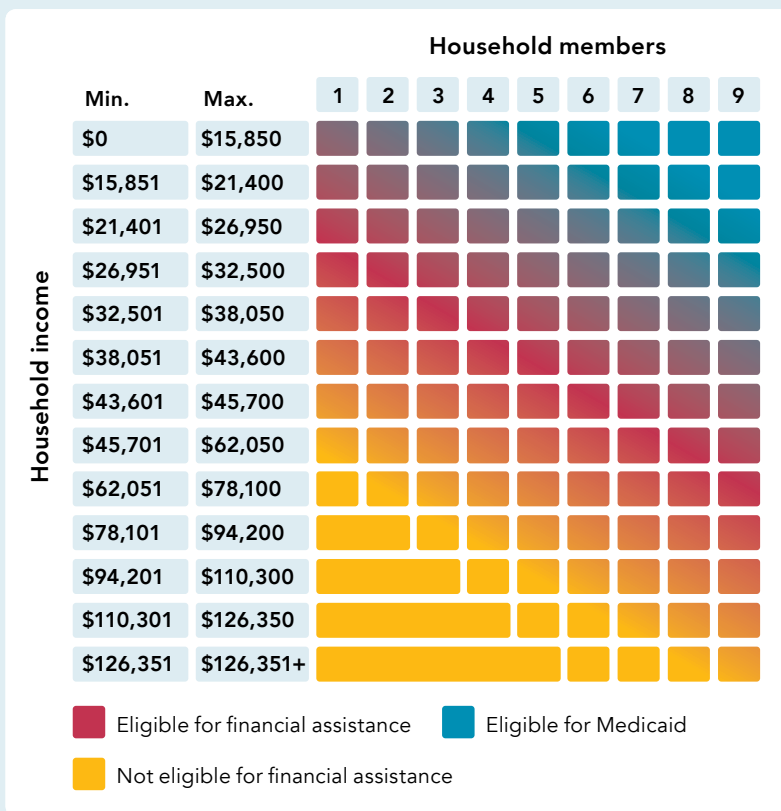
Contact your broker. If you qualify for premium assistance, you can apply it to any Gold, Silver, or Bronze plan. But if you also qualify for cost-sharing subsidies, you must select a Silver plan to take advantage of them.

Depending on a few factors, you may qualify for financial assistance.

USE THIS CHART TO GET AN IDEA.

1. Find the number of people in your household (including you) in the top row.
2. Move down that column until it meets the row with the dollar range closest to your household income.
3. Use the color key at the bottom to find out if you qualify, but remember that there are other factors that could affect your eligibility.

Visit HorizonBlue.com/Calculator to answer a few questions and find out how much you could save. Then write your estimated premium amount below to keep it handy.



Horizon OMNIA Health Plans

Age	Gold	Silver	Silver HSA	Bronze
0-20	\$300.97	\$197.26	\$175.25	\$152.54
21	\$473.97	\$310.65	\$275.98	\$240.23
22	\$473.97	\$310.65	\$275.98	\$240.23
23	\$473.97	\$310.65	\$275.98	\$240.23
24	\$473.97	\$310.65	\$275.98	\$240.23
25	\$475.87	\$311.89	\$277.08	\$241.19
26	\$485.35	\$318.11	\$282.60	\$245.99
27	\$496.72	\$325.56	\$289.23	\$251.76
28	\$515.21	\$337.68	\$299.99	\$261.13
29	\$530.37	\$347.62	\$308.82	\$268.81
30	\$537.96	\$352.59	\$313.24	\$272.66
31	\$549.33	\$360.04	\$319.86	\$278.42
32	\$560.71	\$367.50	\$326.48	\$284.19
33	\$567.82	\$372.16	\$330.62	\$287.79
34	\$575.40	\$377.13	\$335.04	\$291.63
35	\$579.19	\$379.62	\$337.25	\$293.56
36	\$582.98	\$382.10	\$339.45	\$295.48
37	\$586.77	\$384.59	\$341.66	\$297.40
38	\$590.57	\$387.07	\$343.87	\$299.32
39	\$598.15	\$392.04	\$348.29	\$303.17
40	\$605.73	\$397.01	\$352.70	\$307.01
41	\$617.11	\$404.47	\$359.32	\$312.77
42	\$628.01	\$411.61	\$365.67	\$318.30
43	\$643.18	\$421.55	\$374.50	\$325.99
44	\$662.14	\$433.98	\$385.54	\$335.60
45	\$684.41	\$448.58	\$398.51	\$346.89
46	\$710.96	\$465.98	\$413.97	\$360.34
47	\$740.82	\$485.55	\$431.36	\$375.47
48	\$774.94	\$507.91	\$451.23	\$392.77
49	\$808.59	\$529.97	\$470.82	\$409.83
50	\$846.51	\$554.82	\$492.90	\$429.04
51	\$883.95	\$579.36	\$514.70	\$448.02
52	\$925.19	\$606.39	\$538.71	\$468.92
53	\$966.90	\$633.73	\$563.00	\$490.06
54	\$1,011.93	\$663.24	\$589.22	\$512.88
55	\$1,056.95	\$692.75	\$615.43	\$535.70
56	\$1,105.77	\$724.75	\$643.86	\$560.45
57	\$1,155.06	\$757.06	\$672.56	\$585.43
58	\$1,207.68	\$791.54	\$703.20	\$612.10
59	\$1,233.74	\$808.63	\$718.37	\$625.31
60	\$1,286.35	\$843.11	\$749.01	\$651.97
61	\$1,331.86	\$872.93	\$775.50	\$675.04
62	\$1,361.72	\$892.50	\$792.89	\$690.17
63	\$1,399.16	\$917.04	\$814.69	\$709.15
64	\$1,421.91	\$931.95	\$827.94	\$720.68
65+	\$1,421.91	\$931.95	\$827.94	\$720.68

Horizon Advantage EPO Health Plans

Age	Essentials	Silver	Bronze
0-20	\$136.29	\$236.16	\$210.07
21	\$214.63	\$371.90	\$330.83
22	\$214.63	\$371.90	\$330.83
23	\$214.63	\$371.90	\$330.83
24	\$214.63	\$371.90	\$330.83
25	\$215.49	\$373.39	\$332.15
26	\$219.78	\$380.83	\$338.77
27	\$224.93	\$389.75	\$346.71
28	\$233.30	\$404.26	\$359.61
29	\$240.17	\$416.16	\$370.19
30	\$243.61	\$422.11	\$375.49
31	\$248.76	\$431.03	\$383.43
32	\$253.91	\$439.96	\$391.37
33	\$257.13	\$445.54	\$396.33
34	\$260.56	\$451.49	\$401.62
35	\$262.28	\$454.46	\$404.27
36	\$264.00	\$457.44	\$406.92
37	\$265.71	\$460.41	\$409.56
38	\$267.43	\$463.39	\$412.21
39	\$270.86	\$469.34	\$417.50
40	\$274.30	\$475.29	\$422.80
41	\$279.45	\$484.22	\$430.74
42	\$284.39	\$492.77	\$438.34
43	\$291.25	\$504.67	\$448.93
44	\$299.84	\$519.55	\$462.16
45	\$309.93	\$537.03	\$477.71
46	\$321.95	\$557.85	\$496.24
47	\$335.47	\$581.28	\$517.08
48	\$350.92	\$608.06	\$540.90
49	\$366.16	\$634.46	\$564.39
50	\$383.33	\$664.22	\$590.86
51	\$400.29	\$693.60	\$616.99
52	\$418.96	\$725.95	\$645.77
53	\$437.85	\$758.68	\$674.89
54	\$458.24	\$794.01	\$706.31
55	\$478.63	\$829.34	\$737.74
56	\$500.73	\$867.64	\$771.82
57	\$523.06	\$906.32	\$806.22
58	\$546.88	\$947.60	\$842.95
59	\$558.68	\$968.06	\$861.14
60	\$582.51	\$1,009.34	\$897.86
61	\$603.11	\$1,045.04	\$929.62
62	\$616.63	\$1,068.47	\$950.46
63	\$633.59	\$1,097.85	\$976.60
64	\$643.89	\$1,115.70	\$992.48
65+	\$643.89	\$1,115.70	\$992.48

Yes

wellness extras are included with every plan.

See What You Get With Horizon Wellness

Healthy Living Discounts

Blue365[®] offers weekly deals from top national and local retailers, delivered right to your inbox.

- › Fitness memberships, special events, and apparel
- › Weight-management programs and specialty food services
- › Cell phone service plans and home mortgages

Health Management Tools

My Health Manager offers tailored tracking and assessments, personalized recommendations, and educational content—all online.

- › Digital coaching and customized tools offer suggestions to help you manage your health and track your progress
- › Interactive, easy-to-use measurement of your personal health status to identify health risk factors
- › Stored health information in a central location for anytime access
- › Weight tracker, calorie counter, nutrition help, and more



OMNIA Health Plan Member Exclusives

NEW FOR 2017

Get support and rewards for making your health and fitness a priority.

- › Receive a \$20 reward for every month in which you make at least 12 visits to any of our 4,000 participating facilities
- › Automatically log fitness visits with ActiveFit, our free mobile app
- › Measure your steps and receive motivational messaging to keep workouts on track



Education Resources

Get answers to common and not-so-common questions with access to hundreds of videos from **WebMD®** on a variety of health topics.

- › Cold remedies and seasonal allergies
- › Skin care conditions
- › Joint and back pain management and prevention
- › Smoking cessation
- › Heart health
- › Parenting resources

Pregnancy Resources

Our **Precious Additions®** program can help moms-to-be through the next nine months and beyond.

- › My Pregnancy Assistant, an online tool powered by WebMD®, featuring videos, trackers, and checklists
- › Details on cord-blood banking and information about prenatal class partial reimbursement
- › Doctor and hospital finder
- › Access to support and information from a maternity health coach and more

Yes

we have affordable dental plans for you and your family.

Add a Horizon Dental Plan

Proper dental care can help with more than clean teeth. It can also help detect serious health risks, like diabetes, heart disease, and some cancers. We can help you save on dental visits and services.

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. Each plan offers coverage for cosmetic orthodontia as well.

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. Coverage for major services is available at a specified coinsurance amount. Your selected primary care dentist will coordinate all your dental care, including referrals to specialists if necessary.

Horizon Centurion Dental

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

Yes

we can help you pay less
for vision care nationwide.

Add a Horizon Vision Plan

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.

The Horizon Vista V & Horizon Panorama V Vision plans offer:

- › Annual eye exam including dilation
- › Coverage for eyeglasses and contact lenses
- › A higher frame allowance when purchased through Visionworks®
- › One-year breakage warranty
- › Mail-order contact lenses
- › Laser vision correction discounts (up to 25% off)

Horizon Vision plans are administered through Davis Vision, with over 50,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting HorizonBlue.com/DoctorFinder and clicking "Vision Services" on the lower right side of the page.



Horizon Vista Plan: \$

Horizon Vista V includes an eye exam for \$10. You are also covered for fashion-level frames at no charge, designer-level frames with a \$15 copayment, and premier-level frames with \$40 copayment. In place of eyeglasses, the plan covers up to \$100 for contact lenses.

Horizon Panorama Plan: \$\$

Horizon Panorama V includes an eye exam for \$10. You are also covered for fashion- and designer-level frames at no charge and premier-level frames with a \$25 copayment. In place of eyeglasses, the plan covers up to \$130 for contact lenses.

2017 Dental Plan Guide & Rates

Individual Plan Coverage

Plan Name	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
	Under 19 only	Under 19	Over 19	Under 19	Over 19 INN ¹	Over 19 OON ²
DESCRIPTION						
Coverage for	Under 19 only	Under 19	Over 19	Under 19	Over 19 INN ¹	Over 19 OON ²
Premium	\$\$	\$\$		\$\$\$		
ACA Compliant	yes	yes		yes		
Waiting periods apply	no	no		no		
Network	PPO/GRID	PPO/GRID		PPO/GRID		None
Annual Maximum	none	none		None	\$1,000	
Deductible	*\$25/\$100/\$200	*\$25/\$100/\$200	none	*\$25/\$100/\$200	\$50/\$150	
COVERED SERVICES						
Preventative/Diagnostic						
Prophylaxis - Cleaning	100%	100%	100%	100%	100%	100%
Sealant	100%	100%	not covered	100%	not covered	not covered
Flouride	100%	100%	100%	100%	100%	100%
Diagnostic						
Oral Exam	100%	100%	100%	100%	100%	100%
X-Rays	100%	100%	100%	100%	100%	100%
Restorative						
Amalgam Fillings	80% after deductible	80% after deductible	discount	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
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	discount	50% after deductible	50% after deductible	50% after deductible
Endodontics						
Root Canal	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Periodontics						
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	discount	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
Prosthodontics						
Bridges	50% after deductible	50% after deductible	discount	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
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Orthodontics						
Orthodontic Lifetime Maximum	none	\$1,000	not covered	\$1,000	not covered	not covered
Orthodontic Medical Necessity	covered 50%	covered 50%	not covered	covered 50%	not covered	not covered
Cosmetic Orthodontics	not covered	covered for those under age 19	not covered	covered for those under age 19	not covered	not covered

*\$25/\$100/\$200 - \$25 applies to preventive/diagnostic; \$100/\$200 applies to Basic and Major.

1. In-Network
2. Out-of-Network

Individual Plans continued

Plan Name	Horizon Healthy Smiles	Horizon Healthy Smiles Plus	Horizon Centurion	Horizon Individual
	Children and Adults	Children and Adults	Children and Adults	Children and Adults
DESCRIPTION				
Coverage for	Children and Adults	Children and Adults	Children and Adults	Children and Adults
Premium	\$	\$	Annual	Annual
ACA Compliant	no	no	no	no
Waiting periods apply	yes	yes	no	no
Network	PPO/GRID	PPO/Traditional/Grid Plus	PPO	Horizon Dental Choice
Annual Maximum	\$1,000	\$1,000	None	None
Deductible	\$50/\$150	\$50/\$150	None	None
COVERED SERVICES				
Preventative/Diagnostic				
Prophylaxis - Cleaning	100%	80%	100%	80%
Sealant	100%	80%	100%	80%
Flouride	100%	80%	100%	80%
Diagnostic				
Oral Exam	100%	80%	100%	80%
X-Rays	100%	80%	100%	80%
Restorative				
Amalgam Fillings	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Composite Fillings	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Endodontics				
Root Canal	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Periodontics				
Periodontal Scaling & Root Planing	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Periodontal Maintenance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Prosthodontics				
Bridges	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Oral Surgery				
Non-surgical & Surgical Extraction of Teeth	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontics				
Orthodontic Lifetime Maximum	\$1,000	\$1,000	not covered	not covered
Orthodontic Medical Necessity	not covered	not covered	not covered	not covered
Cosmetic Orthodontics	covered for those under age 19	covered for those under age 19	not covered	not covered

PREMIUMS ARE BASED ON THE AGE AND/OR LOCATION OF MEMBERS; SEE CHARTS BELOW.

Horizon Young Grins

\$30.89 per member per month.
 Premiums will only be charged for those under the age of 19 years.

Horizon Family Grins

\$31.08 per member per month under age 19 years.
 \$15.33 per member per month age 19 years and older.

Horizon Family Grins Plus	
Age	Rate
0-18 (SAPD)	\$31.08
19-22	\$31.22
23-24	\$28.30
25-29	\$35.26
30-34	\$37.02
35-39	\$37.86
40-44	\$39.58
45-49	\$42.62
50-54	\$48.19
55-59	\$52.07
60-64	\$57.39
65+	\$59.23

Horizon Healthy Smiles				
Age	Coinsurance Rate			
	100/80/50	80/80/50	100/80/50*	80/50/50*
<22	\$19.57	\$16.11	\$17.03	\$14.02
23-24	\$18.96	\$15.60	\$16.50	\$13.58
25-29	\$21.54	\$17.73	\$18.74	\$15.42
30-34	\$21.86	\$17.98	\$19.01	\$15.65
35-39	\$22.84	\$18.80	\$19.87	\$16.36
40-44	\$24.83	\$20.45	\$21.61	\$17.79
45-49	\$27.51	\$22.64	\$23.94	\$19.69
50-54	\$29.68	\$24.43	\$25.82	\$21.26
55-59	\$30.90	\$25.43	\$26.88	\$22.12
60-64	\$32.27	\$26.55	\$28.08	\$23.10
65+	\$31.89	\$26.25	\$27.75	\$22.85

Horizon Healthy Smiles Plus				
Age	100/80/50	80/80/50	100/80/50*	80/50/50*
<22	\$21.86	\$17.99	\$19.01	\$15.66
23-24	\$21.18	\$17.43	\$18.43	\$15.16
25-29	\$24.06	\$19.80	\$20.93	\$17.22
30-34	\$24.41	\$20.09	\$21.24	\$17.48
35-39	\$25.50	\$20.99	\$22.19	\$18.26
40-44	\$27.74	\$22.84	\$24.13	\$19.87
45-49	\$30.72	\$25.29	\$26.73	\$22.00
50-54	\$33.16	\$27.28	\$28.85	\$23.74
55-59	\$34.52	\$28.41	\$30.02	\$24.71
60-64	\$36.04	\$29.66	\$31.35	\$25.81
65+	\$35.62	\$29.32	\$30.98	\$25.51

Horizon Centurion	
	Total Amount Due
1 Individual	\$60 per year
1 Family	\$84 per year
2 Adults or Adult(s) & Dependent Child(ren)	See Terms & Limitations

Horizon Individual	
Annual Adult Rate	\$180.00
Annual Child Rate	\$68.40

* Waiting period applies.

Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

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

2017 Vision Plan Guide & Rates

Individual Plans Overview

	Horizon Vista V	Horizon Panorama V
Network		
Horizon/Davis Vision View		
In-Network Benefits		
	Once every:	
Eye examination inclusive of dilation (when professionally indicated)	12 months	
Spectacle lenses / frames	12 months / 12 months	
Contact lens evaluation, fitting and follow-up care / contact lenses (in lieu of eyeglasses)	12 months / 12 months	
Copayments		
Eye examination / spectacle lenses	\$10/\$10	
Eyeglass Benefit – Frame		
	Member Charges	
Non-collection frame allowance (retail):	Up to \$100 or \$150 ¹	Up to \$130 or \$150 ¹
	Plus a 20% discount on any average ²	
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion / Designer / Premier	Included / \$15 / \$40	Included / Included / \$25
Eyeglass Benefit – Spectacle Lenses		
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 ⁴ / adults)	\$0 / \$35	\$0 / \$30
Ultraviolet coating	\$15	\$12
Anti-reflective (AR) coating (standard / premium / ultra)	\$40 / \$55 / \$69	\$35 / \$48 / \$60
Progressive lenses (standard / premium / ultra)	\$65 / \$105 / \$140	\$50 / \$90 / \$140
High-index lenses / plastic photochromic lenses / polarized lenses	\$60 / \$70 / \$75	\$55 / \$65 / \$75
Scratch Protection Plan: single vision / multifocal lenses	\$20 / \$40	
Contact Lens Benefit (in lieu of eyeglasses):		
Non-collection contact lenses: materials allowance	Up to \$100	Up to \$130
	Plus a 15% discount on any average ²	
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount ²	
Collection Contact Lenses ³ (in lieu of allowance): Disposable / planned replacement	N/A	Up to 4 boxes/multi-packs / Up to 2 boxes/multi-packs
Evaluation, fitting and follow-up care	N/A	Included
Visually required contact lenses (with prior approval): Materials, evaluation, fitting and follow-up care	Included	
Out-of-Network Reimbursement Schedule – Up to:		
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80
		Elective contact lenses: Fashion: \$80 / Designer: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100
		Visually required contact lenses: \$225
One-year eyeglass breakage warranty included.		

Vista V	
Total Amount Due	
Subscriber Only	\$10.88
Subscriber + Spouse	\$21.77
Subscriber + Child (ren)	\$29.39
Subscriber + Family	\$42.45

Panorama V	
Premium Rates	
Subscriber Only	\$11.91
Subscriber + Spouse	\$23.83
Subscriber + Child (ren)	\$32.17
Subscriber + Family	\$46.46

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 (Option II) is inclusive of select torics and multifocals.

⁴ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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

Davis Vision Inc. supports Horizon Blue Cross Blue Shield of New Jersey in the administration of vision benefits. Davis Vision Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross Blue Shield Association. Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, each an independent licensee of the Blue Cross Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

Yes

we can help make enrolling easier, too.

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 or will be offering coverage starting in 2017.
- 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.

Contact your broker for the fastest, most convenient option to enroll, either in person or by phone.

Need a different language?

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-660-6528.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-660-6528.

Chinese (中文): 如果需要中文的帮助, 1-866-660-6528.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-866-660-6528.

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

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

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We're here whenever you need us.

We want to make sure your questions are answered, your concerns are calmed, and you feel like you're getting the right plan for you and your family.

That's our promise to members and to the people of New Jersey.

That's the Power of Yes.

Contact your broker
Visit [HorizonBlue.com](https://www.HorizonBlue.com)





The Power of **Yes**



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