

2018 Health Plan Guide

Individual and Family Health Insurance Coverage



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

The Largest Physician Network

Over 41,000 doctors and 78 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.

Always Improving

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

From New Jersey, for New Jersey

We're based solely in New Jersey and have protected the families and businesses here for generations.

Putting our strength and stability behind you

We've protected the people of New Jersey for 85 years. We're here to guide and support you and your family, helping connect you with high-quality care, while working to keep your costs down. Wherever health care is going, have peace of mind that we'll be here for you this year, next year and for many years to come.

*Based on physician data as of August 28, 2017, and is subject to change.



“ When you have a family, you need a company you can trust. Horizon has been around for a long time. They’re local. And that was important to us.”

Antoinette – Cinnaminson, NJ

Yes we can make it easier to understand your options.

How to Compare Plans

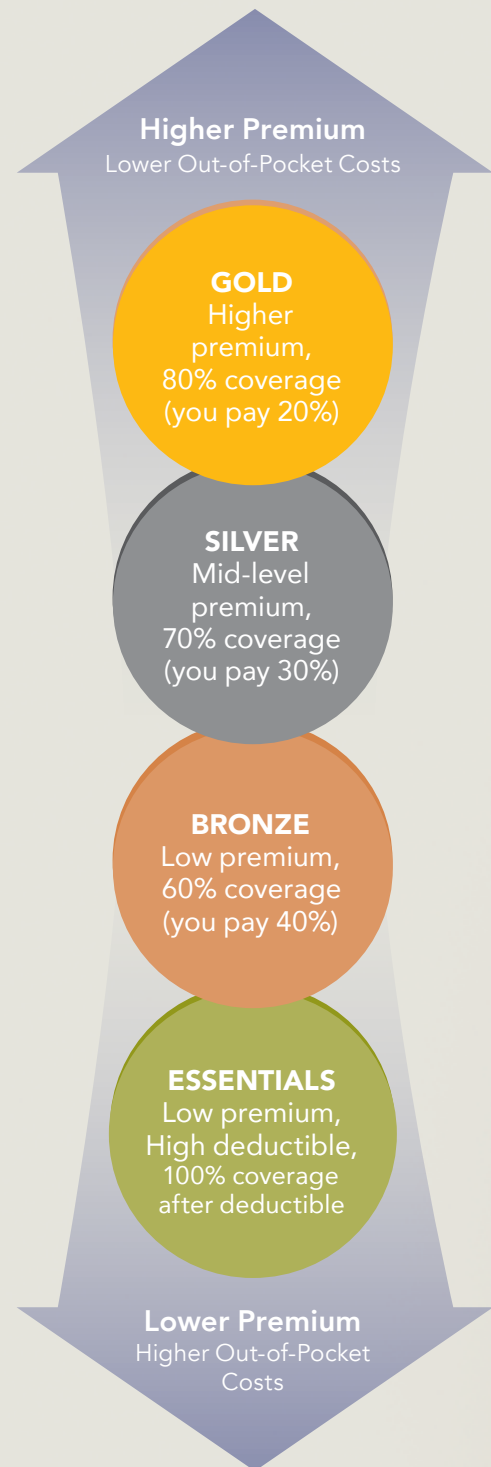
Gold, Silver or Bronze?

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?

Both OMNIA and Advantage Health Plans provide medical and drug benefits, wellness programs and emergency care. OMNIA_{SM} Health Plan members who use OMNIA Tier 1 doctors and hospitals will have lower out-of-pocket costs. OMNIA Health Plan members who receive care at a Tier 2 doctor or hospital will have total out-of-pocket costs comparable to those in a similar Advantage plan. Our OMNIA Silver plan also offers lower premiums compared to Horizon Advantage Silver EPO.



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 41,000 doctors and 78 hospitals, **but you'll save even more on out-of-pocket costs with over 29,000 doctors and leading hospitals in OMNIA Tier 1.***

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

*Based on physician data as of August 28, 2017, and is subject to change.

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.



Yes we can help find the right plan for you.

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.



“ Horizon helped me find a doctor I love. And, I pay less to see her. ”

Carla – Burlington, NJ

Would you be willing to choose from select doctors and hospitals to pay a lower 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 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 Primary Care Physician (PCP) visits each year.

NO

Consider: Gold, Silver or Bronze plans.

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 use 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 Silver HSA plan.

Yes

OMNIASM Health Plans offer so much more.



Our OMNIA Health Plans give you affordable access to the quality doctors and hospitals you want to see.

More New Jersey doctors than any other insurer:

- › Over 41,000 doctors and specialists*
- › At over 78 hospitals in 95 convenient locations across New Jersey and parts of Pennsylvania and Delaware*
- › No referrals

Plus, save even more when you choose OMNIA Tier 1:

- › Over 29,000 doctors and specialists*
- › Some of New Jersey's leading hospitals
- › Copayments as low as \$10
- › Low deductibles

*Based on physician data as of August 28, 2017, and is subject to change.

OMNIA Health Plan members also get:

- › **Coming in 2018** – One step easy access on your mobile phone to chat with a nurse, have a video consult with a doctor or make an office appointment.
- › **Dedicated OMNIA Customer Service Associates**
Specially trained to help with everything from finding a doctor to using these OMNIA Health Plan benefits.
- › **More bill-pay options**
Set up automatic monthly premium payments or pay by checking account, debit card, credit card, phone, mail or MoneyGram.
- › **Money back on gym memberships**
Up to \$240 per year at participating fitness facilities with HorizonbFit.
- › **Exclusive discounts on popular brands**
Save on fitness trackers, nutrition programs, baby gear and more with Blue365®.
- › **Streamlined member website**
Pay your premium, live chat with Member Services, print your member ID card and more.
- › **WebMD®-powered health assessment**
Designed to give you a picture of your current health status and connect you with free resources that match your needs.
- › **Specialized medical care programs**
To help with your asthma, heart or kidney disease, COPD, diabetes or pregnancy.
- › **Confidential behavioral health services**
To give you and your loved ones support for relationship issues, depression, alcoholism and addictions.
- › **Professional life and health advisors**
For help with financial and legal advice, child or elder care referrals and more.
- › **Comprehensive recovery support**
To help with your physical and emotional recovery from a significant illness or health issue.

“ We go to the gym.
We try to eat healthy.
Horizon rewards us for that. ”

Antoinette – Cinnaminson, NJ



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 and Bronze HSA plans have 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 and Silver 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 the individual MOOP amounts on his/her 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.

The information provided in this document is not intended to replace or modify the terms, conditions, limitations, and exclusions contained within health benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained on this document and your plan documents, your plan documents shall control.

Horizon OMNIA_{SM} Health Plans

BENEFITS		OMNIA Gold		OMNIA Silver HSA		OMNIA Silver		OMNIA Bronze HSA	
		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
	Out-of-Network/Area Coverage?	No	No	No	No	No	No	No	No
	Individual Deductible*	\$1,000	\$2,500	\$1,500*	\$2,250*	\$ 900	\$2,500	\$3,000*	\$3,000*
	Family Deductible	\$2,000	\$5,000	\$3,000	\$4,500	1,800	\$5,000	\$6,000	\$6,000
	Individual Drug Deductible	NA	NA	NA	NA	\$150	\$150	NA	NA
	Family Drug Deductible	NA	NA	NA	NA	\$300	\$300	NA	NA
	Individual Maximum Out-of-Pocket	\$4,500	\$6,350	\$4,600	\$5,850	\$5,850	\$5,850	\$6,550	\$6,550
	Family Maximum Out-of-Pocket	\$9,000	\$12,700	\$9,200	\$11,700	\$11,700	\$11,700	\$13,100	\$13,100
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$10 copayment	Deductible then \$30 copayment	Deductible then \$10 copayment	Deductible then \$25 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then 50% coinsurance
	Specialist Visits & Consultations	\$25 copayment	Deductible then \$50 copayment	Deductible then \$20 copayment	Deductible then \$40 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance
DIAGNOSTIC TESTS AND IMAGING	Lab/Radiology Free Standing	No Charge	No Charge	Deductible	Deductible	No Charge	No Charge	Deductible then No Charge	Deductible then No Charge
	Lab Office Visit	No Charge	No Charge	Deductible	Deductible	No Charge	No Charge	Deductible then No Charge	Deductible then No Charge
	Radiology Office Visit	\$10 PCP copayment or \$25 Specialist copayment	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then \$10 PCP copayment or Deductible then \$20 Specialist copayment	Deductible then \$25 PCP copayment or Deductible then \$40 Specialist copayment	\$30 PCP copayment or \$50 Specialist copayment	Deductible then 50% coinsurance	Deductible then \$30 PCP copayment or Deductible then \$50 Specialist copayment	Deductible then 50% coinsurance
	Lab/Radiology Outpatient	Deductible then \$20 copayment	Deductible then 30% coinsurance	Deductible then No Charge	Deductible then 40% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then No Charge	Deductible then 50% coinsurance
PHARMACY SERVICES	Generic Drugs	\$10 copayment (retail) \$20 copayment (mail order)	\$10 copayment (retail) \$20 copayment (mail order)	Deductible then 40% coinsurance	Deductible then 40% coinsurance	\$15 copayment (retail) \$30 copayment (mail order)	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Preferred Brand Drugs	40% coinsurance	40% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Non-Preferred Brand Drugs & Specialty Drugs	50% coinsurance	50% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then \$250 copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$250 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Both Ambulatory Surgical Hospital & Physician/Surgeon	Deductible then \$250 copayment	NA	Deductible then 15% coinsurance	NA	Deductible then \$250 copayment	NA	Deductible then 50% coinsurance	NA
EMERGENCY/URGENT MEDICAL SERVICES	ER Hospital	\$100 copayment & Deductible	\$100 copayment & Deductible	\$100 copayment & Deductible, then 15% coinsurance	\$100 copayment & Deductible, then 15% coinsurance	\$100 copayment & Deductible	\$100 copayment & Deductible	\$100 copayment & Deductible, then 50% coinsurance	\$100 copayment & Deductible, then 50% coinsurance
	ER Professional	Deductible	Deductible	Deductible then 15% coinsurance	Deductible then 15% coinsurance	Deductible	Deductible	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Medical Transportation	Deductible then No Charge	NA	Deductible then 15% coinsurance	NA	Deductible then No Charge	NA	Deductible then No Charge	NA
	Urgent Care Center	\$25 copayment	Deductible then \$50 copayment	Deductible then \$20 copayment	Deductible then \$40 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance
HOSPITAL SERVICES	Outpatient Hospital & Physician	Deductible then \$20 copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient Hospital	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
	Physician/Surgeon	Deductible	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible	Deductible then 50% coinsurance	Deductible then No Charge	Deductible then 50% coinsurance
BEHAVIORAL HEALTH/SUBSTANCE ABUSE	PCP	\$10 copayment	Deductible then \$30 copayment	Deductible then \$10 copayment	Deductible then \$25copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then 50% coinsurance
	Specialist Office Visit	\$25 copayment	Deductible then \$50 copayment	Deductible then \$20 copayment	Deductible then \$40 copayment	\$50 copayment	Deductible then 50% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance
	Outpatient	Deductible then \$20 copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$50 copayment	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance
	Inpatient	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
MATERNITY SERVICES	Delivery & All Inpatient Services	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance
OTHER SERVICES	In-Home Health Care	\$10 copayment	NA	Deductible then \$10 copayment	NA	\$30 copayment	NA	Deductible then \$30 copayment	NA
	Rehabilitation, Hospice & Skilled Nursing Care** – Inpatient	Deductible then \$500 per day copayment	Deductible then 30% coinsurance	Deductible then 15% coinsurance	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then 50% coinsurance	Deductible then \$500 copayment	Deductible then 50% coinsurance
	Durable Medical Equipment	No Charge	NA	Deductible	NA	No Charge	NA	Deductible then No Charge	NA
	Chiropractic Care – 30 visits per year maximum	\$10 copayment	Deductible then \$30 copayment	Deductible then \$10 copayment	Deductible then \$25 copayment	\$30 copayment	Deductible then 50% coinsurance	Deductible then \$30 copayment	Deductible then 50% coinsurance

*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.

** For 2018 all Hospice & Skilled Nursing providers are Tier 1.

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 and Bronze HSA plans have 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 and Silver 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 the individual MOOP amounts on his/her 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.

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BENEFITS		Advantage Silver	Advantage Bronze	Advantage Essentials
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*	\$2,200	\$3,000	\$7,350
	Family Deductible	\$4,400	\$6,000	\$14,700
	Individual Drug Deductible	NA	NA	NA
	Family Drug Deductible	NA	NA	NA
	Individual Maximum Out-of-Pocket	\$5,850	\$7,350	\$7,350
	Family Maximum Out-of-Pocket	\$11,700	\$14,700	\$14,700
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$25 copayment	\$30 copayment	\$0 copayment for three visits then Deductible
	Specialist Visits & Consultations	\$50 copayment	Deductible then 50% coinsurance	Deductible then No Charge
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	No Charge	No Charge	No Charge
	Lab/Radiology Outpatient	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
PHARMACY SERVICES	Generic Drugs	\$15 copayment (retail) \$30 copayment (mail order)	Deductible then 50% coinsurance	Deductible then No Charge
	Preferred Brand Drugs	40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Non-Preferred Brand Drugs & Specialty Drugs	50% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
OUTPATIENT SURGERY SERVICES	Both Hospital & Physician/Surgeon	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Both Ambulatory Surgical Hospital & Physician/Surgeon	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
EMERGENCY/URGENT MEDICAL SERVICES	ER Hospital	\$100 copayment & Deductible then 40% coinsurance	\$100 copayment & Deductible then 50% coinsurance	Deductible then No Charge
	ER Professional	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Medical Transportation	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Urgent Care Center	\$50 copayment	Deductible then 50% coinsurance	Deductible then No Charge
HOSPITAL SERVICES	Outpatient Hospital & Physician	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Inpatient Hospital	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then No Charge
	Physician/Surgeon	Deductible then 40% coinsurance	Deductible	Deductible then No Charge
BEHAVIORAL HEALTH/SUBSTANCE ABUSE	PCP	\$25 copayment	\$30 copayment	Deductible then No Charge
	Specialist Office Visit	\$50 copayment	Deductible then 50% coinsurance	Deductible then No Charge
	Outpatient	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Inpatient	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then No Charge
MATERNITY SERVICES	Delivery & All Inpatient Services	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then No Charge
OTHER SERVICES	In-Home Health Care	\$25 copayment	\$30 copayment	Deductible then No Charge
	Rehabilitation, Hospice & Skilled Nursing Care** – Inpatient	Deductible then 40% coinsurance	Deductible then \$500 per day copayment	Deductible then No Charge
	Durable Medical Equipment	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then No Charge
	Chiropractic Care – 30 visits per year maximum	\$25 copayment	\$30 copayment	Deductible then No Charge

Monthly Premiums & Assistance

Please see the enclosed rate sheet for Horizon BCBSNJ plan premiums. 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 only pay for the 3 oldest children and the remaining children are free.



“ My daughter has asthma.
I needed a company that cares
about keeping us covered. ”

Vita – Hamilton, NJ

2018 Premium Rates



Horizon OMNIASM Health Plans

Age	Gold	Silver	Silver HSA	Bronze HSA
0-14	\$413.27	\$284.55	\$265.24	\$228.17
15	\$450.01	\$309.84	\$288.82	\$248.45
16	\$464.05	\$319.51	\$297.83	\$256.21
17	\$478.10	\$329.18	\$306.85	\$263.96
18	\$493.23	\$339.60	\$316.56	\$272.32
19	\$508.35	\$350.01	\$326.26	\$280.67
20	\$524.02	\$360.80	\$336.32	\$289.32
21-24	\$540.23	\$371.96	\$346.72	\$298.26
25	\$542.39	\$373.45	\$348.11	\$299.46
26	\$553.19	\$380.89	\$355.04	\$305.42
27	\$566.16	\$389.81	\$363.36	\$312.58
28	\$587.23	\$404.32	\$376.89	\$324.21
29	\$604.51	\$416.22	\$387.98	\$333.76
30	\$613.16	\$422.17	\$393.53	\$338.53
31	\$626.12	\$431.10	\$401.85	\$345.69
32	\$639.09	\$440.03	\$410.17	\$352.85
33	\$647.19	\$445.61	\$415.37	\$357.32
34	\$655.84	\$451.56	\$420.92	\$362.09
35	\$660.16	\$454.53	\$423.69	\$364.48
36	\$664.48	\$457.51	\$426.47	\$366.86
37	\$668.80	\$460.48	\$429.24	\$369.25
38	\$673.12	\$463.46	\$432.01	\$371.64
39	\$681.77	\$469.41	\$437.56	\$376.41
40	\$690.41	\$475.36	\$443.11	\$381.18
41	\$703.38	\$484.29	\$451.43	\$388.34
42	\$715.80	\$492.84	\$459.41	\$395.20
43	\$733.09	\$504.75	\$470.50	\$404.74
44	\$754.70	\$519.63	\$484.37	\$416.67
45	\$780.09	\$537.11	\$500.67	\$430.69
46	\$810.34	\$557.94	\$520.08	\$447.40
47	\$844.37	\$581.37	\$541.93	\$466.19
48	\$883.27	\$608.15	\$566.89	\$487.66
49	\$921.63	\$634.56	\$591.51	\$508.84
50	\$964.85	\$664.32	\$619.24	\$532.70
51	\$1,007.52	\$693.70	\$646.63	\$556.26
52	\$1,054.52	\$726.06	\$676.80	\$582.21
53	\$1,102.06	\$758.79	\$707.31	\$608.46
54	\$1,153.38	\$794.13	\$740.25	\$636.79
55	\$1,204.71	\$829.47	\$773.19	\$665.13
56	\$1,260.35	\$867.78	\$808.90	\$695.85
57	\$1,316.53	\$906.46	\$844.96	\$726.87
58	\$1,376.50	\$947.75	\$883.45	\$759.98
59	\$1,406.21	\$968.21	\$902.52	\$776.38
60	\$1,466.18	\$1,009.49	\$941.00	\$809.49
61	\$1,518.04	\$1,045.20	\$974.29	\$838.12
62	\$1,552.07	\$1,068.64	\$996.13	\$856.91
63	\$1,594.75	\$1,098.02	\$1,023.52	\$880.48
64 and over	\$1,620.68	\$1,115.87	\$1,040.16	\$894.78

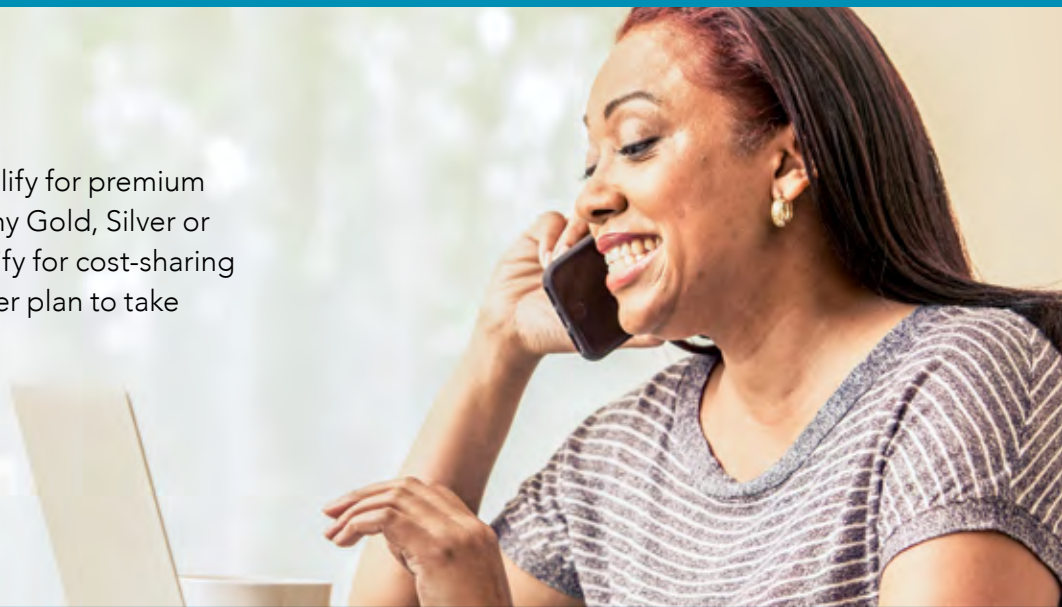
Horizon Advantage EPO Health Plans

Age	Essentials	Silver	Bronze
0-14	\$201.56	\$354.33	\$287.84
15	\$219.48	\$385.83	\$313.43
16	\$226.33	\$397.87	\$323.21
17	\$233.18	\$409.92	\$332.99
18	\$240.56	\$422.89	\$343.53
19	\$247.94	\$435.86	\$354.06
20	\$255.58	\$449.29	\$364.97
21-24	\$263.48	\$463.18	\$376.26
25	\$264.53	\$465.04	\$377.77
26	\$269.80	\$474.30	\$385.29
27	\$276.13	\$485.42	\$394.32
28	\$286.40	\$503.48	\$409.00
29	\$294.83	\$518.30	\$421.04
30	\$299.05	\$525.71	\$427.06
31	\$305.37	\$536.83	\$436.09
32	\$311.70	\$547.95	\$445.12
33	\$315.65	\$554.89	\$450.76
34	\$319.87	\$562.30	\$456.78
35	\$321.97	\$566.01	\$459.79
36	\$324.08	\$569.71	\$462.80
37	\$326.19	\$573.42	\$465.81
38	\$328.30	\$577.13	\$468.82
39	\$332.51	\$584.54	\$474.84
40	\$336.73	\$591.95	\$480.86
41	\$343.05	\$603.06	\$489.89
42	\$349.11	\$613.72	\$498.55
43	\$357.54	\$628.54	\$510.59
44	\$368.08	\$647.07	\$525.64
45	\$380.47	\$668.84	\$543.32
46	\$395.22	\$694.77	\$564.39
47	\$411.82	\$723.95	\$588.10
48	\$430.79	\$757.30	\$615.19
49	\$449.50	\$790.19	\$641.90
50	\$470.58	\$827.24	\$672.01
51	\$491.39	\$863.84	\$701.73
52	\$514.31	\$904.13	\$734.46
53	\$537.50	\$944.89	\$767.58
54	\$562.53	\$988.90	\$803.32
55	\$587.56	\$1,032.90	\$839.07
56	\$614.70	\$1,080.61	\$877.82
57	\$642.10	\$1,128.78	\$916.95
58	\$671.35	\$1,180.19	\$958.72
59	\$685.84	\$1,205.67	\$979.41
60	\$715.09	\$1,257.08	\$1,021.18
61	\$740.38	\$1,301.54	\$1,057.30
62	\$756.98	\$1,330.72	\$1,081.00
63	\$777.79	\$1,367.32	\$1,110.73
64 and over	\$790.44	\$1,389.54	\$1,128.78

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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.

Write your estimated premium amount:

		Household members								
Min.	Max.	1	2	3	4	5	6	7	8	9
\$0	\$12,060	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$12,061	\$16,240	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$16,241	\$20,420	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$20,421	\$24,600	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$24,601	\$28,780	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$28,781	\$32,960	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$32,961	\$37,140	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$37,141	\$41,320	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance
\$41,321	\$45,500	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance	Eligible for financial assistance

■ Eligible for financial assistance
 ■ Eligible for Medicaid
 ■ Not eligible for financial assistance

*This chart reflects the Federal Poverty Level. Levels in New Jersey may differ from Federal qualification levels.

Yes we have **affordable dental plans** for you and your family.

Add a Horizon Dental Plan

Combining medical and dental coverage makes great sense because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you.

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 BCBSNJ also offers these individual and family dental options:

Horizon Family Grins and Horizon Family Grins Plus

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

Horizon Healthy Smiles and Horizon 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 40%-50% off the national average for traditional Lasik

Horizon Vision plans are administered through Davis Vision, with over 60,000 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 "Horizon Vision" in the *Quick Links* box.



Horizon Vista Plan V: \$

The Horizon Vista plan includes:

- › Annual eye exam for \$10
- › \$100 frame allowance
- › Clear plastic single vision, lined bifocal or trifocal lens included
- › \$100 allowance for contact lenses in lieu of eyeglasses

Horizon Panorama Plan V: \$\$

The Horizon Panorama Plan includes:

- › Annual eye exam for \$10
- › \$130 frame allowance
- › Clear plastic single vision, lined bifocal or trifocal lens included
- › \$130 allowance for contact lenses in lieu of eyeglasses

2018 Dental Plan Guide & Rates

Individual Plan Coverage

Plan Name	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
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
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%	discount	100%
Sealant	100%	80%	100%	80%	discount	100%
Flouride	100%	80%	100%	80%	discount	100%
Diagnostic						
Oral Exam	100%	80%	100%	80%	discount	100%
X-Rays	100%	80%	100%	80%	discount	100%
Restorative						
Amalgam Fillings	80% after deductible	80% after deductible	80% after deductible	80% after deductible	discount	100%
Composite Fillings	80% after deductible	80% after deductible	80% after deductible	80% after deductible	discount	100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	discount	70%/60%/50%
Endodontics						
Root Canal	50% after deductible		50% after deductible		discount	70%/60%/50%
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		discount	70%/60%/50%
Periodontal Maintenance	50% after deductible		50% after deductible		discount	70%/60%/50%
Prosthodontics						
Bridges	50% after deductible		50% after deductible		discount	70%/60%/50%
Dentures	50% after deductible		50% after deductible		discount	70%/60%/50%
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		discount	70%/60%/50%
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 OF MEMBERS; SEE CHARTS BELOW.

Horizon Family Grins Plus	
Age	Rate
0-14	\$31.80
15	\$33.39
16	\$33.74
17	\$32.62
18	\$30.02
19-22	\$31.26
23-24	\$28.34
25-29	\$35.31
30-34	\$37.08
35-39	\$37.83
40-44	\$39.73
45-49	\$42.52
50-54	\$48.25
55-59	\$52.09
60-63	\$57.49
64+	\$59.17

Horizon Family Grins	
Age	Rate
0-14	\$31.80
15	\$33.39
16	\$33.74
17	\$32.62
18	\$30.02
19+	\$15.33

Horizon Young Grins	
Age	Rate
0-14	\$30.76
15	\$32.30
16	\$32.64
17	\$31.56
18	\$29.04

You pay for the three oldest children and the remaining children are free.

Horizon Centurion	
	Total Amount Due
1 Individual	\$60.00 per year
1 Family	\$84.00 per year
2 Adult or Adult(s) & Dependent Child(ren)	See Terms & Limitations

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

Horizon Healthy Smiles				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$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	\$26.08	\$23.10
65+	\$31.89	\$26.25	\$27.75	\$22.85

Horizon Healthy Smiles Plus				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$22.63	\$18.62	\$19.68	\$16.21
23-24	\$21.92	\$18.04	\$19.08	\$15.69
25-29	\$24.90	\$20.49	\$21.66	\$17.82
30-34	\$25.26	\$20.79	\$21.98	\$18.09
35-39	\$26.39	\$21.72	\$22.97	\$18.90
40-44	\$28.71	\$23.64	\$24.97	\$20.57
45-49	\$31.80	\$26.18	\$27.67	\$22.77
50-54	\$34.32	\$28.23	\$29.86	\$24.57
55-59	\$35.73	\$29.40	\$31.07	\$25.57
60-64	\$37.30	\$30.70	\$32.45	\$26.71
65+	\$36.87	\$30.35	\$32.06	\$26.40

* Waiting period applies.

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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.

2018 Vision Plan Guide & Rates

Individual Plans Overview

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	
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 \$180 ¹
		Plus a 20% discount on any overage 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 overage 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: Vista: \$80 / Panorama: \$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	\$12.52
Subscriber + Spouse	\$25.04
Subscriber + Child(ren)	\$26.29
Subscriber + Family	\$36.68

Panorama V	
Premium Rates	
Subscriber Only	\$13.78
Subscriber + Spouse	\$27.56
Subscriber + Child(ren)	\$28.94
Subscriber + Family	\$40.38

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

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

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

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

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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.).
- ☐ Details about other health coverage available from any household member's employer.
- ☐ Personal information for each household member to be covered:
 - ☐ Full Legal Name
 - ☐ Birth Date
 - ☐ Social Security Number
 - ☐ Immigration Status

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 1-866-660-6528.

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): Dineke'ehgo shika at'ohwol ninisingo, kwijigo 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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Spanish (Español): Para ayuda en español, llame al 1-866-660-6528. Chinese (中文): 如需中文協助, 請致電 1-866-660-6528.

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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 **HorizonBlue.com/Shop**

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



By phone at **1-888-425-5611**. Our enrollment specialists can answer questions and enroll you in a plan right over the phone.



In person. Check **Events.HorizonBlue.com** to find a retail center or an enrollment event near you.



By downloading and filling out an enrollment form. Visit **HorizonBlue.com/form-individual-enrollment** to download a form and instructions.

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

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.

Call 1-888-425-5611

Visit HorizonBlue.com/Shop



“We can talk about your health needs and make sure you're getting everything you deserve.”

Maria – Horizon BCBSNJ Representative

The Power of **Yes**



We can help you in person at one of these locations

Moorestown

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

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
Se Habla Español

Perth Amboy

197 Smith Street
Perth Amboy, NJ 08861
1-855-336-0001
Se Habla Español

Willowbrook Mall

1400 Willowbrook Mall
Wayne, NJ 07470



Find an event or make an appointment at
Events.HorizonBlue.com

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