

2021
OVERVIEW

Midsize Group
Insurance Coverage



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Now more than ever, you need health insurance you can count on.

Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) has had decades of experience helping New Jersey residents get the most out of their health plans. We can help you and your employees too, with plans, tools and resources to better manage your health care.

- Access to New Jersey's leading doctors, hospitals and health centers
- Online tools and mobile apps to simplify health care
- Plans with low copays and low deductibles
- Innovative extras like education resources and healthy living discounts
- A variety of affordable plans for the coverage your employees need

Did You Know?

1 out of 3 Americans* carry a Blue Cross Blue Shield (BCBS) card, which provides them with access to the largest network of doctors and hospitals across the U.S. and here in New Jersey.

*BCBS Fact Sheet, July 2020



We have plans that keep your costs low.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Our OMNIA_{SM} Health Plans are now better than ever.

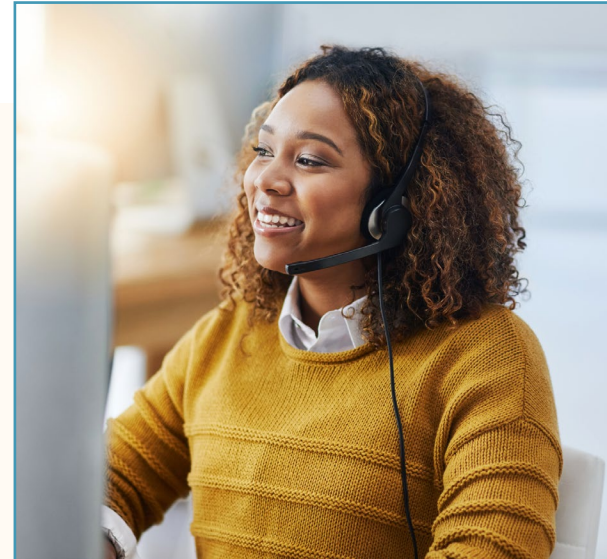
These plans have helped employees save with leading providers in New Jersey. Plus, they include out-of-state coverage at a competitive price.



OMNIA Health Plans with BlueCard[®] nationwide coverage offer:

- Low copays and deductibles with OMNIA Tier 1 doctors and hospitals¹
- Access to more than 90% of doctors and hospitals nationwide²
- Coverage for more than 90 percent of the nation's doctors and hospitals in every U.S. Zip code at the Tier 2 level.²
- Many leading providers in New Jersey, New York, Pennsylvania and Delaware

1. No referrals needed
2. Blue Cross Blue Shield (BCBS) Fact Sheet, July 2020.



Get great service from dedicated associates who are experts in OMNIA Health Plans.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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We're here to provide care and support from the comfort of home.



Nurse Chat

It should be easy to get the care you need, especially when you're not feeling well. If you can't reach your primary doctor, our Nurse Chat feature is just a few clicks away on our secure member website. You can also use the Horizon Blue app to chat with a nurse about your health issues, all without leaving home.¹



Telemedicine

We have more ways to connect with U.S. board-certified, licensed doctors, via the [Horizon Blue app](#), video, chat or phone, 24 hours a day, seven days a week.²



PillPack

Presorted medicines and home delivery make it easier to take care of your health. You can get your medicines delivered to your home from PillPack by Amazon Pharmacy, a full-service pharmacy, in user-friendly packaging at no additional cost to you.

1. Some state and plan restrictions may apply.
2. Horizon CareOnline telemedicine functionality within the Horizon Blue app will be available in the 4th quarter of 2020.



More ways to get care virtually.



Chronic Care Programs

These programs can help employees take control of their health by providing support to manage the day-to-day challenges of living with chronic conditions, such as asthma or diabetes.



Virtual Health & Wellness Programs and Resources

These live webinars and recorded videos on a variety of wellness topics can help you ease stress and stay active.

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We can help your employees achieve their best health.



Wellness

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



Wellness Includes:

- **My Health Manager** powered by WebMD®
(Members may be eligible to earn a \$50 Visa® prepaid gift card)
- Healthy Living Discounts with **Blue365**®
- Online health education
- **PRECIOUS ADDITIONS**® program for parents-to-be
- **HorizonbFit**SM gym reimbursement*

*Included with OMNIA Health Plans



Prescription Drug Coverage

Prescription drug coverage is an integrated part of our health plans, helping employees recover from an illness, manage a condition and stay in good health.



Behavioral Health & Substance Use Disorder

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



Case Management

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



Away From Home Care

This program is available to members without BlueCard® coverage in Horizon HMO, Horizon EPO and OMNIA Health Plans. It gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.

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2021 BENEFITS

OMNIASM Health Plans

Plan	OMNIA 3 with BlueCard		OMNIA 7 HSA with BlueCard		OMNIA 8 with BlueCard	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Out-of-State Coverage	at Tier 2	Yes	at Tier 2	Yes	at Tier 2	Yes
In-Network Hospital Coinsurance	0%	20%	10%	30%	20%	40%
In-Network Deductible	\$0	\$1,500	\$1,500	\$2,500	\$500	\$2,500
Primary Care Physician Office Visit	\$5	\$20	\$15 after deductible	\$30 after deductible	\$15	\$30
Specialist Office Visit	\$15	\$30	\$25 after deductible	\$50 after deductible	\$25	\$50
Emergency Room	\$100	\$100	Deductible then \$100 copayment then 10%	Deductible then \$100 copayment then 10%	\$100 copayment then deductible then 20%	\$100 copayment then deductible then 20%
In-Network Hospital	\$250 per day	20% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
In-Network Out-of-Pocket Max	\$2,500	\$4,500	\$3,000	\$6,000	\$2,500	\$4,500
Integrated Rx Plan	Covered under freestanding prescription program		30% after Tier 1 deductible		Covered under freestanding prescription program	

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2021 BENEFITS

Advantage EPO & Direct Access Health Plans

Plan	Advantage EPO		Advantage Direct Access	
	EE	DE	GO	FO
Out-of-State Coverage	Yes	Yes	Yes	Yes
In-Network Hospital Coinsurance	30%	20%	20%	20%
In-Network Deductible	\$1,500	\$1,000	\$2,500	\$1,000
Primary Care Physician Office Visit	\$20	\$20	\$25	\$25
Specialist Office Visit	\$40	\$40	\$50	\$50
Emergency Room	\$100 copayment then 30%	\$100 copayment then 20%	\$100 copayment then 20%	\$100 copayment then 20%
In-Network Hospital	30% after deductible	20% after deductible	20% after deductible	20% after deductible
In-Network Out-of-Pocket Max	\$4,000	\$3,500	\$5,000	\$3,500
Integrated Rx Plan	Available under freestanding prescription program		Available under freestanding prescription program	
Out-of-Network Coinsurance	n/a	n/a	40%	40%
Out-of-Network Deductible	n/a	n/a	\$5,000	\$2,500
Out-of-Network Out-of-Pocket Max	n/a	n/a	\$10,000	\$7,500

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These coverage options enable your employees to lower their health care costs.

Health Savings Accounts (HSAs)

An HSA is a savings account your employees can use to save and pay for qualified medical expenses.

- All contributions roll over, are pre-tax and are portable.
- HSA funds earn interest as they grow.
- Funds can also be invested to help reach long-term retirement goals.
- Certain eligibility requirements apply.

Health Reimbursement Accounts (HRAs)

An HRA is a reimbursement account that only employers contribute to. Employees access its funds to pay for eligible medical expenses, which are decided upon by the employer.

- Everyone is eligible to have an HRA.
- Funds roll over only at the employer's discretion.

Flexible Spending Accounts (FSAs)

An FSA is a savings account your employees can use to save and pay for qualified medical expenses and dependent care.

- Funds are not portable.
- Funds roll over only at the employer's discretion.
- There are no eligibility requirements, unless the FSA is for dependent care.



We're Here for You

Friendly Portals – Enjoy a simple user experience when you sign in.

Horizon Blue App – Manage your account from the palm of your hand.

Expert Assistance – Enjoy access to a dedicated team of experts every step of the way.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Choose how you'd like to support your employees—while reducing your company's health expenditures at the same time.

Quick Comparison	HSA	HRA	FSA
Employee Account Features			
Employees can use the money to pay their deductibles or copays.	✓	✓	✓
Employees can use the money in the account as they save.	✓	✓	✓
Employees own the account.	✓		
Employers own the account.		✓	✓
Contributions are made pre-tax.	✓		✓
Employees can invest funds toward retirement.	✓		
A debit card may be available at the employer's discretion.	✓	✓*	✓
Maximum Contributions			
Individual	\$3,600		\$2,750
Family	\$7,200		
FSA Dependent Care			\$5,000

*Debit cards are not a standard offering with HRAs; this depends on the account options you choose.

Set-up fees and monthly administrative fees apply. For more information, please contact your Broker or your Horizon Account Representative. Source: IRS.gov

Accessing account funds is easier than ever. Eligible members can pay medical bills using a Horizon MyWay Visa® Debit Card, which will pull directly from the tax-advantaged funds they've saved up.



[Learn more by visiting learn-horizonmyway.hellofurther.com](https://learn-horizonmyway.hellofurther.com)

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Horizon EXPAND goes beyond health insurance with a full suite of additional benefits, while allowing you to simplify administrative expenses.

You can purchase these Horizon products together or separately. Package pricing is available for certain plans.

- Dental
- Voluntary Dental
- Vision
- Hearing
- Wellness
- Stop Loss
- Life & Disability
- International Medical Coverage
- Pet Insurance



Get one-stop shopping with enhanced support.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Horizon Dental

Combining dental with medical coverage makes great sense. By integrating dental and medical records, you give health care providers better insight to treat your employees. And it's less expensive and easier to administer your benefits program.

Horizon Dental Option Plan (PPO)

Horizon Dental Option Plan Plus (PPO)

Horizon Dental PPO Plan (PPO)

Horizon Healthy Smiles (EPO)

Horizon Healthy Smiles Plus (EPO)

**Horizon Dental PPO Access Plan
(Discount Plan)**

Horizon Dental Choice (DMO)

Horizon TotalCare (DMO)



We offer affordable dental options to complement your overall health benefits strategy.

For more information, visit
HorizonBlue.com/dental.

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Horizon Dental

376,000
PARTICIPATING
DENTAL OFFICES



Horizon Dental Option Plan (PPO)

Our largest network of dental providers with both in- and out-of-network benefits

- Members can choose dental providers from our Horizon Traditional Network and our Horizon PPO Network, plus they have nationwide provider access through our National Dental Grid Plus Network.
- Participating dental providers accept our set fee schedule – some of the lowest fees in the state – as payment in full for eligible services.
- Employers can build a custom dental plan by choosing benefit levels for coinsurance, deductibles, out-of-network reimbursement level and annual maximums for in-network and out-of-network services.

376,000
PARTICIPATING
DENTAL OFFICES



Horizon Dental Option Plan Plus (PPO)

Our largest network of dental providers with both in- and out-of-network benefits

- Members have the freedom to choose any dentist, but they maximize their benefits when choosing dentists participating in the Horizon PPO Network. Plus, they have nationwide provider access through our National Dental Grid Plus Network.
- Employers can tier coinsurance options by network level to encourage use of the most cost-effective providers in our PPO network.
- When using an out-of-network option, employees still receive a benefit for eligible services; nonparticipating dentists may charge up to their normal fees and we reimburse up to plan allowances.

329,000
PARTICIPATING
DENTAL OFFICES



Horizon Dental PPO Plan (PPO)

Both in- and out-of-network benefits with the greatest savings potential with participating dental providers

- Members may receive care from any dental provider, with the greatest savings with Horizon PPO Network providers. Plus, they have nationwide provider access through our National Dental Grid Network.
- Participating dental providers accept our set fee schedule as payment in full for eligible services. With out-of-network dental providers, members may be billed for any charges greater than our set fees.
- Employers can build a custom dental plan by choosing benefit levels for coinsurance, deductibles and annual maximums for in-network services.

329,000
PARTICIPATING
DENTAL OFFICES



Horizon Healthy Smiles (EPO)

In-network benefits only with comprehensive coverage

- Employers can choose from varying levels of options.
- No out-of-network benefits.
- Members can choose providers from our Horizon PPO Network and our National Dental Grid Network.

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Horizon Dental

376,000
PARTICIPATING
DENTAL OFFICES



Horizon Healthy Smiles Plus (EPO)

In-network benefits with comprehensive coverage and access to our largest networks

- Employers can choose from varying levels of options.
- No out-of-network benefits.
- Members can choose dental providers from our Horizon PPO Network, our Horizon Traditional Network and National Dental Grid Plus Network.

10,000
PARTICIPATING
DENTAL OFFICES



Horizon Dental PPO Access (Discount Plan)

Lowest fees available when choosing participating dental providers

- Employers can provide dental benefits to employees at the lowest total premium cost.
- 100% coverage for eligible preventive and diagnostic services when using a dentist participating in the Horizon PPO Network.
- Members receive our negotiated discount when using a participating PPO provider for other eligible services.
- There is no annual deductible or annual maximum.

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PARTICIPATING
DENTAL OFFICES



Horizon Dental Choice (DMO)

A cost-efficient network of dental providers in New Jersey

- Members choose a Primary Care Dentist (PCD) from our Horizon Dental Choice Network to coordinate all eligible dental services.
- Members pay either a copay or a percentage of the charges depending upon the plan design chosen.
- Employers can choose from different dental plan designs offered at different employee cost-sharing levels.

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PARTICIPATING
DENTAL OFFICES



Horizon TotalCare (DMO)

No out-of-pocket costs for eligible care when received from providers at a pre-selected primary care office

- Members choose a participating Horizon TotalCare Network office for eligible dental services.
- Members have no costs for eligible services provided by their selected primary dental office.
- No benefit maximum for services.

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Horizon 51+ Dental Seller's Guide

Plan	Out-of-Network Options	Network	Key Highlights	51+ Employer-Funded Participation Guidelines*
Horizon Dental Option Plan (PPO)	Maximum Allowable Charge (MAC), 80th, 85th & 90th	National Dental Grid Plus, Traditional & PPO	Premium Plan. In- and out-of-network benefits and includes our largest network in NJ and nationally.	50%
Horizon Dental Option Plan Plus (PPO)	Maximum Allowable Charge (MAC), 80th, 85th & 90th	National Dental Grid Plus, Traditional & PPO	Premium Plan. In- and out-of-network benefits. Employers can tier coinsurance options by network to encourage the use of Horizon PPO network providers.	50%
Horizon Dental PPO Plan (PPO)	Maximum Allowable Charge (MAC)	National Dental Grid & PPO	In- and out-of-network benefits. More cost effective compared to Dental Option Plan due to narrower network.	50%
Horizon Healthy Smiles (EPO)	None	National Dental Grid & PPO	In-network only benefit that offers comprehensive coverage utilizing the same network as the PPO product.	50%
Horizon Healthy Smiles Plus (EPO)	None	National Dental Grid Plus, Traditional & PPO	In-network only benefit that offers comprehensive coverage utilizing the same network as the Dental Option Plan product.	50%
Horizon Dental PPO Access (Discount Plan)	Preventative/ diagnostic and amalgam fillings only	PPO	Preventative and diagnostic covered at 100%. Member receives Horizon's negotiated discount with a participating PPO provider for other eligible services.	25 enrolled
Horizon Dental Choice (DMO)	None	Dental Choice	DMO with a narrow NJ-only network. Primary care dentist is required. Typically no annual max or deductible.	Horizon Dental Choice is not sold on a standalone basis, therefore there are no standalone participation requirements.
Horizon Total Care (DMO)	None	Total Care	DMO with a smaller network than Horizon Dental Choice, no out-of-pocket costs when services are performed at Total Care facilities (e.g. Eastern Dental).	Total Care is not sold on a standalone basis, therefore there are no standalone participation requirements.

*For Voluntary Guidelines, see Voluntary Dental Section.

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Horizon Dental PPO Access Plan Patient Savings Schedule

Procedure Code	Benefit Description	You Pay	Typical Charge*	Typical Savings
Oral Exams				
D0150	Comprehensive oral evaluation	\$0	\$117	\$117
D0120	Periodic oral evaluation ¹	\$0	\$74	\$74
X-rays				
D0210	Intraoral – complete series (including bitewings)	\$0	\$175	\$175
D0220	Intraoral – single film	\$0	\$35	\$35
D0230	Intraoral – each additional film	\$0	\$30	\$30
D0272	Bitewing – two films ¹	\$0	\$58	\$58
D0274	Bitewing – four films ¹	\$0	\$84	\$84
D0330	Panoramic film	\$0	\$151	\$151
Preventative				
D1110	Prophylaxis – adult ¹	\$0	\$125	\$125
D1120	Prophylaxis – child ¹	\$0	\$90	\$90
D1208	Topical application of fluoride – excluding varnish	\$0	\$45	\$45
D1351	Sealants, per tooth	\$0	\$76	\$76
Treatment and Therapy				
AMALGAM				
D2140	One surface, permanent or primary tooth	\$0	\$180	\$180
D2150	Two surfaces, permanent or primary tooth	\$0	\$228	\$228
D2160	Three surfaces, permanent or primary tooth	\$0	\$275	\$275
D2161	Four or more surfaces, permanent or primary tooth	\$0	\$285	\$285
COMPOSITE RESIN				
D2330	One surface, anterior tooth	\$70	\$215	\$145
D2331	Two surfaces, anterior tooth	\$87	\$215	\$128
D2332	Three surfaces, anterior tooth	\$108	\$329	\$221
D2391	One surface, posterior tooth	\$82	\$230	\$148
D2392	Two surfaces, posterior tooth	\$86	\$290	\$204
D2393	Three surfaces, posterior tooth	\$123	\$356	\$233

*Based on the 75th percentile of 2019 Fair Health Relative Value Benchmarks (FHRVB). Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

1. These services are limited to once every six months.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call 1-800-4DENTAL (1-800-433-6825). These rates are subject to change at any time.

When members receive treatment from New Jersey dentists in the Horizon Dental PPO Network, their costs are reduced significantly. This Patient Savings Schedule compares the charges they will pay for eligible services under the Horizon Dental PPO Access Plan with typical charges* and illustrates the savings they might expect. The fees listed represent charges when using Horizon Dental PPO Network general dentists. Fees charged by specialists (also reduced) will generally be higher.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Horizon Dental PPO Access Plan Patient Savings Schedule *continued*

Procedure Code	Benefit Description	You Pay	Typical Charge*	Typical Savings
Oral Surgery				
D7140	Routine extractions	\$65	\$267	\$202
EXTRACTION OF IMPACTED TEETH				
D7220	Soft tissue	\$142	\$490	\$348
D7230	Partially bony	\$224	\$450	\$226
D7240	Completely bony	\$299	\$500	\$201
Prosthodontics				
DENTURES				
D5110	Complete upper	\$829	\$2,250	\$1,421
D5120	Complete lower	\$829	\$2,257	\$1,428
D5130	Immediate upper	\$829	\$2,200	\$1,371
D5140	Immediate lower	\$829	\$2,250	\$1,421
D5213	Upper maxillary partial denture-cast metal framework with resin denture bases	\$900	\$2,208	\$1,308
D5214	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$900	\$2,250	\$1,308
Fixed Bridgework				
D6240	Pontic – porcelain fused to high noble metal	\$733	\$1,429	\$696
D6750	Abudment crowns, porcelain fused to high noble metal	\$733	\$1,500	\$767
Crowns				
D2750	Porcelain fused to high noble metal	\$733	\$1,462	\$728
D2950	Core build-up	\$119	\$375	\$256
D2954	Pre-fabricated post and core in addition to the crown	\$166	\$445	\$279
D2920	Recement crowns	\$28	\$140	\$112
Endodontics				
D3310	Anterior teeth, excludes final restoration	\$387	\$1,160	\$773
D3320	Premolars, excludes final restoration	\$482	\$1,345	\$863
D3330	Molars, excludes final restoration	\$587	\$1,650	\$1,063

*Based on the 75th percentile of 2019 Fair Health Relative Value Benchmarks (FHRVB). Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

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Procedure Code	Benefit Description	PPO Allowance
Oral Exams		
D0150	Comprehensive oral evaluation	\$39
D0120	Periodic oral evaluation ¹	\$23
X-rays		
D0210	Intraoral – complete series (including bitewings)	\$62
D0220	Intraoral – single film	\$9
D0230	Intraoral – each additional film	\$5
D0272	Bitewing – two films ¹	\$13
D0274	Bitewing – four films ¹	\$18
D0330	Panoramic film	\$47
Preventative		
D1110	Prophylaxis – adult ¹	\$14
D1120	Prophylaxis – child ¹	\$59
D1208	Topical application of fluoride – excluding varnish	\$15
D1351	Sealants, per tooth	\$26
SPACE MAINTAINERS		
D1510	Fixed, unilateral	\$106
D1515	Fixed, bilateral	\$147
D1520	Removal, unilateral	\$113
D1525	Removal, bilateral	\$147
D1550	Recommendation of space maintainer	\$23
Treatment and Therapy		
AMALGAM		
D2140	One surface, permanent or primary tooth	\$49
D2150	Two surfaces, permanent or primary tooth	\$72
D2160	Three surfaces, permanent or primary tooth	\$89
D2161	Four or more surfaces, permanent or primary tooth	\$112
General Services		
D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$42

1. These services are limited to once every six months.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call 1-800-4DENTAL (1-800-433-6825). These rates are subject to change at any time.

When members receive treatment for the eligible services listed from dentists who do not participate in the Horizon Dental PPO Network, they may have to pay dentists their usual fees in advance, and then file a claim for reimbursement. Horizon BCBSNJ payments are based on our PPO allowances. Members are responsible for any charges in excess of these amounts. There is no out-of-network benefit for major or specialty services.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Voluntary Dental

Protect your employees' oral health and extend your dental offerings with no employer contribution required.

Voluntary Dental features include:

- 10 minimum enrolled.
- All products must be sold with the same annual maximum.
- Any option can be offered as a Single, Dual, or Triple Option.*
- No benefit waiting periods.
- Groups with dental claims experience can customize their dental benefits subject to underwriting approval.



Voluntary Dental gives your employees low-cost, self-paid access to Horizon providers.

For additional details, contact your Horizon EXPAND Account Manager.

*Horizon Dental Choice cannot be sold as a Single Option.

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2021 Voluntary Dental Plans 51+

Voluntary Dental Option 1

Benefits	Horizon Dental PPO Plan	Horizon Healthy Smiles	Horizon Dental Choice Plan A
Preventive & Diagnostic	100%	80%	100%
Basic Restorative	80%	50%	100%
Endodontics	80%	50%	50% of charges
Periodontics	80%	50%	50% of charges
Oral Surgery	80%	50%	50% of charges
Prosthodontics	50%	50%	50% of charges
Crowns	50%	50%	50% of charges
Deductible (3 per family)	\$50/\$150 ¹	\$50/\$150 ¹	None
Benefit Period Maximum	\$1,000 or \$1,500	\$1,000 or \$1,500	None
Strong Smile ²	Yes	Yes	n/a
Orthodontia Dependent Child(ren) to age 19	Option to cover or not cover	Option to cover or not cover	Option to cover or not cover
Orthodontia Lifetime Maximum	If covered 50% up to \$1,500	If covered 50% up to \$1,500	If covered 50% up to \$1,500

Voluntary Dental Option 2

Benefits	Horizon Dental PPO Access Plan	Horizon Healthy Smiles	Horizon Dental Choice Plan A
Preventive & Diagnostic	100%	80%	100%
Basic Restorative	100% ³	50%	100%
Endodontics	Discount ³	50%	50% of charges
Periodontics	Discount ³	50%	50% of charges
Oral Surgery	Discount ³	50%	50% of charges
Prosthodontics	Discount ³	50%	50% of charges
Crowns	Discount ³	50%	50% of charges
Deductible (3 per family)	None	\$50/\$150 ¹	None
Benefit Period Maximum	\$1,000 or \$1,500	\$1,000 or \$1,500	None
Strong Smile	n/a	Yes ²	n/a
Orthodontia Dependent Child(ren) to age 19	Option to cover or not cover	Option to cover or not cover	Option to cover or not cover
Orthodontia Lifetime Maximum	If covered 50% up to \$1,500	If covered 50% up to \$1,500	If covered 50% up to \$1,500

1. Deductible does not apply to preventive and diagnostic.

2. Strong Smiles - preventative and diagnostic procedures do not count toward annual maximum.

3. Amalgam, retention pins, sedative fillings, pulp vitality tests and denture adjustments are covered at 100%.

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Horizon Vision

Vision Care is a worthy investment. Horizon Vision plans access Davis Vision’s nationwide networks of independent eye care professionals and retailers.

All Horizon Vision plans offer:

- An annual eye exam, including dilation
- Coverage for eyeglasses and contact lenses
- A higher frame allowance when purchased through Visionworks
- A one-year breakage warranty

Vision Select Network

Featuring 63,000 points of access¹

- Horizon Vista III
- Horizon Vista IV
- Horizon ExpansE VIIA
- Horizon ExpansE VIIB
- Horizon ExpansE VIII

Includes: Visionworks, 1 800 Contacts®, Glasses.com, Befitting and independent eye care professionals.

Vision View Network

Featuring 100,000 points of access¹

- Horizon Vista I
- Horizon Vista II
- Horizon Panorama IIIA
- Horizon Panorama IIIB
- Horizon Panorama IVA
- Horizon Panorama IVB
- Horizon ExpansE V
- Horizon ExpansE VI

Includes: Visionworks, 1 800 Contacts®, Glasses.com, Befitting, independent eye care professionals and additional participating retail providers.

1. Network counts are based on data as of 9/20 and are subject to change.



Large Employer Rules*

Large employers may select one of these employer contribution levels:

Employer paid (Funded): A Horizon Vision plan may be purchased without a medical plan if the group has 500+ eligible employees.

Employee paid (Voluntary): A Horizon Vision plan may be purchased without a medical plan if the group has 1,000+ eligible employees.

There is no minimum participation requirement. Rates may be guaranteed for up to three years.

One Horizon Vision plan offering is standard. Two offerings are available to groups with 500+ eligible employees.

*Additional underwriting assumptions may apply.

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Horizon/Davis Vision View Network

Plan	Horizon Vista I	Horizon Vista II	Horizon Panorama IIIA	Horizon Panorama IIIB
Frequency — Once Every				
Eye examination including dilation (when professionally indicated)	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months
Frame	24 months	24 months	12 months	24 months
Contact lens evaluation, fitting and follow-up care	12 months	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months
Copayments				
Eye examination	\$0	\$10	\$0	\$0
Spectacle lenses	\$10	\$25	\$10	\$10
Contact lens evaluation, fitting and follow-up care	–	–	\$0 ¹	\$0 ¹
Member Charges				
Eyeglass Benefit — Frame				
Non-collection frame allowance (retail) plus a 20% discount ² on any overage	Up to \$100 or \$150 ²	Up to \$100 or \$150 ²	Up to \$130 or \$180 ²	Up to \$130 or \$180 ²
Davis Vision Frame Collection ⁴ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / \$15 / \$40	Included / \$15 / \$40	Included / Included / \$25	Included / Included / \$25
Eyeglass Benefit — Spectacle Lenses				
Member Charges				
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)	Included	Included	Included	Included
Oversize lenses	Included	Included	Included	Included
Tinting of plastic lenses	\$15	\$15	Included	Included
Scratch-resistant coating	Included	Included	Included	Included
Polycarbonate lenses ⁵	\$0 or \$35	\$0 or \$35	\$0 or \$30	\$0 or \$30
Ultraviolet coating	\$15	\$15	\$12	\$12
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$40 / \$55 / \$69 / \$85	\$40 / \$55 / \$69 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85
Progressive lenses (standard / premium / ultra / ultimate)	\$65 / \$105 / \$140 / \$175	\$65 / \$105 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	\$50 / \$90 / \$140 / \$175
Intermediate-vision lenses	\$60	\$30	\$30	\$30
High-index lenses	\$30	\$60	\$55	\$55
Polarized lenses	\$75	\$75	\$75	\$75
Plastic photosensitive lenses	\$70	\$70	\$65	\$65
Scratch Protection Plan: Single vision / Multifocal lenses	\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40
Blue Light Filtering	\$15	\$15	\$15	\$15
Contact Lens Benefit (in lieu of eyeglasses)				
Contact lenses: Materials allowance plus a 15% discount ³ on any overage	Up to \$100	Up to \$100	Up to \$130	Up to \$130
Evaluation, fitting and follow-up care — standard and specialty lens types	15% discount ³	15% discount ³	15% discount ³	15% discount ³
Collection Contact Lenses⁴ (in lieu of allowance)				
– Disposable	–	–	4 boxes/multipacks	4 boxes/multipacks
– Planned replacement	–	–	2 boxes/multipacks	2 boxes/multipacks
– Evaluation, fitting and follow-up care	–	–	Included	Included
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care	Included	Included	Included	Included

1. \$0 copay only applies when member purchases from the collection of contact lenses.

2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

3. Discount not applicable at Walmart, Sam's Club or Costco.

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4. Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.

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

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Plan	Horizon Panorama IVA	Horizon Panorama IVB	Horizon Expanse V	Horizon Expanse VI
Frequency — Once Every				
Eye examination including dilation (when professionally indicated)	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months
Frame	12 months	24 months	12 months	24 months
Contact lens evaluation, fitting and follow-up care	12 months	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months
Copayments				
Eye examination	\$10	\$10	\$0	\$0
Spectacle lenses	\$25	\$25	\$10	\$25
Contact lens evaluation, fitting and follow-up care	\$0 ¹	\$0 ¹	\$0 ¹	\$0 ¹
Member Charges				
Eyeglass Benefit — Frame				
Non-collection frame allowance (retail) plus a 20% discount ² on any overage	Up to \$130 or \$180 ²	Up to \$130 or \$180 ²	Up to \$150 or \$200 ²	Up to \$150 or up to \$200 ²
Davis Vision Frame Collection ⁴ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / Included / \$25	Included / Included / \$25	Included	Included
Member Charges				
Eyeglass Benefit — Spectacle Lenses				
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)	Included	Included	Included	Included
Oversize lenses	Included	Included	Included	Included
Tinting of plastic lenses	Included	Included	Included	Included
Scratch-resistant coating	Included	Included	Included	Included
Polycarbonate lenses ⁵	\$0 or \$30	\$0 or \$30	Included	Included
Ultraviolet coating	\$12	\$12	Included	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85
Progressive lenses (standard / premium / ultra / ultimate)	\$50 / \$90 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	Included / \$40 / \$90 / \$125	Included / \$40 / \$90 / \$125
Intermediate-vision lenses	\$30	\$30	Included	Included
High-index lenses	\$55	\$55	\$55	\$55
Polarized lenses	\$75	\$75	\$75	\$75
Plastic photosensitive lenses	\$65	\$65	\$65	\$65
Scratch Protection Plan: Single vision / Multifocal lenses	\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40
Blue Light Filtering	\$15	\$15	\$15	\$15
Contact Lens Benefit (in lieu of eyeglasses)				
Contact lenses: Materials allowance plus a 15% discount ³ on any overage	Up to \$130	Up to \$130	Up to \$150	Up to \$150
Evaluation, fitting and follow-up care — standard and specialty lens types	15% discount ³	15% discount ³	15% discount ³	15% discount ³
Collection Contact Lenses⁴ (in lieu of allowance)				
– Disposable	4 boxes/multipacks	4 boxes/multipacks	8 boxes/multipacks	8 boxes/multipacks
– Planned replacement	2 boxes/multipacks	2 boxes/multipacks	4 boxes/multipacks	4 boxes/multipacks
– Evaluation, fitting and follow-up care	Included	Included	Included	Included
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care	Included	Included	Included	Included

1. \$0 copay only applies when member purchases from the collection of contact lenses.

2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

3. Discount not applicable at Walmart, Sam's Club or Costco.

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4. Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.

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

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Plan	Horizon Vista III	Horizon Vista IV	Horizon ExpansE VIIA	Horizon ExpansE VIIB	Horizon ExpansE VIII
Frequency — Once Every					
Eye examination including dilation (when professionally indicated)	12 months	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months	12 months
Frame	12 months	24 months	12 months	24 months	24 months
Contact lens evaluation, fitting and follow-up care	12 months	12 months	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months	12 months
Copayments					
Eye examination	\$0	\$10	\$0	\$10	\$10
Spectacle lenses	\$10	\$25	\$10	\$25	\$25
Contact lens evaluation, fitting and follow-up care	n/a	n/a	\$0 ¹	\$0 ¹	\$0 ¹
Member Charges					
Eyeglass Benefit — Frame					
Non-collection frame allowance (retail) plus a 20% discount ² on any average	Up to \$100 or \$150 ²	Up to \$100 or \$150 ²	Up to \$150 or \$200 ²	Up to \$150 or \$200 ²	Up to \$150 or \$200 ²
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / \$15 / \$40	Included / \$15 / \$40	Included	Included	Included
Eyeglass Benefit — Spectacle Lenses					
Member Charges					
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)	Included	Included	Included	Included	Included
Oversize lenses	Included	Included	Included	Included	Included
Tinting of plastic lenses	\$15	\$15	Included	Included	Included
Scratch-resistant coating	Included	Included	Included	Included	Included
Polycarbonate lenses (children ⁴ / adults)	\$0 / \$35	\$0 / \$35	Included	Included	Included
Ultraviolet coating	\$15	\$15	Included	Included	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$40 / \$55 / \$69 / \$85	\$40 / \$55 / \$69 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	Included / \$85
Progressive lenses (standard / premium / ultra / ultimate)	\$65 / \$105 / \$140 / \$175	\$65 / \$105 / \$140 / \$175	Included / \$40/ \$90/ \$125	Included / \$40/ \$90/ \$125	Included / \$175
Intermediate-vision lenses	\$30	\$30	Included	Included	Included
High-index lenses	\$60	\$60	\$55	\$55	Included
Polarized lenses	\$75	\$75	\$75	\$75	Included
Plastic photosensitive lenses	\$70	\$70	\$65	\$65	Included
Scratch Protection Plan: Single vision / Multifocal lenses	\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40
Blue Light Filtering	\$15	\$15	\$15	\$15	
Contact Lens Benefit (in lieu of eyeglasses)					
Non-collection contact lenses: Materials allowance	Up to \$100 plus a 15% discount ³ on any average		Up to \$150 plus a 15% discount ³ on any average		
Evaluation, fitting and follow-up care — standard and specialty lens types	15% discount		15% discount		
Collection Contact Lenses³ (in lieu of allowance)					
– Disposable	–		Up to 8 boxes/multipacks		
– Planned Replacement	–		Up to 4 boxes/multipacks		
– Evaluation, fitting and follow-up care	–		Included		
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care	Included		Included		

1. \$0 copay only applies when member purchases from the collection of contact lenses.

2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

3. Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.

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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Horizon Vision

Out-of-Network Reimbursement Schedule

Your employees will always save the most when they use in-network vision professionals. If they use a vision professional from outside the network, they will need to pay in full at the time of service and submit a claim for reimbursement. Horizon Vision offers the following reimbursement schedule for all plans.

Service	Reimbursement up to:
Eye examination	\$40
Single-vision lenses	\$40
Frame	\$50
Bifocal/progressive lenses	\$60
Trifocal lenses	\$80
Lenticular lenses	\$100
Elective contact lenses	\$105 (\$80 for Vista plans)
Medically required contact lenses	\$225



LASIK Discounts

Horizon Vision members enjoy lower prices on LASIK procedures than those offered by other carriers, along with flexible financing options — up to 12 months interest free. Horizon Vision members can save 40 to 50 percent off the national average for traditional LASIK at one of the more than 1,000 locations across our nationwide network of laser vision correction providers.¹

1. Laser vision correction services are administered by QualSight, LLC. Terms and conditions are subject to change. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

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Pricing: Horizon/Davis Vision View Network

Horizon Vista I	
Premium Rates (Voluntary)	
Employee Only	\$7.71
Employee + Spouse	\$15.42
Employee + Child(ren)	\$16.18
Employee + Family	\$22.58
Premium Rates (Funded)	
Employee Only	\$5.34
Employee + Spouse	\$10.70
Employee + Child(ren)	\$11.23
Employee + Family	\$15.67

Horizon Vista II	
Premium Rates (Voluntary)	
Employee Only	\$5.53
Employee + Spouse	\$11.08
Employee + Child(ren)	\$11.63
Employee + Family	\$16.22
Premium Rates (Funded)	
Employee Only	\$3.84
Employee + Spouse	\$7.69
Employee + Child(ren)	\$8.06
Employee + Family	\$11.26

Horizon Panorama IIIA	
Premium Rates (Voluntary)	
Employee Only	\$8.81
Employee + Spouse	\$17.61
Employee + Child(ren)	\$18.49
Employee + Family	\$25.80
Premium Rates (Funded)	
Employee Only	\$6.07
Employee + Spouse	\$12.11
Employee + Child(ren)	\$12.73
Employee + Family	\$17.76

Horizon Panorama IIIB	
Premium Rates (Voluntary)	
Employee Only	\$7.73
Employee + Spouse	\$14.67
Employee + Child(ren)	\$15.41
Employee + Family	\$21.49
Premium Rates (Funded)	
Employee Only	\$5.87
Employee + Spouse	\$11.74
Employee + Child(ren)	\$12.33
Employee + Family	\$17.20

Horizon Panorama IVA	
Premium Rates (Voluntary)	
Employee Only	\$7.67
Employee + Spouse	\$15.34
Employee + Child(ren)	\$16.10
Employee + Family	\$22.47
Premium Rates (Funded)	
Employee Only	\$4.55
Employee + Spouse	\$9.11
Employee + Child(ren)	\$9.56
Employee + Family	\$13.34

Horizon Panorama IVB	
Premium Rates (Voluntary)	
Employee Only	\$6.41
Employee + Spouse	\$12.82
Employee + Child(ren)	\$13.46
Employee + Family	\$18.78
Premium Rates (Funded)	
Employee Only	\$4.40
Employee + Spouse	\$8.82
Employee + Child(ren)	\$9.25
Employee + Family	\$12.91

Horizon Expanse V	
Premium Rates (Voluntary)	
Employee Only	\$11.00
Employee + Spouse	\$22.00
Employee + Child(ren)	\$23.10
Employee + Family	\$32.23
Premium Rates (Funded)	
Employee Only	\$7.49
Employee + Spouse	\$14.99
Employee + Child(ren)	\$15.74
Employee + Family	\$21.97

Horizon Expanse VI	
Premium Rates (Voluntary)	
Employee Only	\$8.25
Employee + Spouse	\$16.50
Employee + Child(ren)	\$17.32
Employee + Family	\$24.16
Premium Rates (Funded)	
Employee Only	\$5.58
Employee + Spouse	\$11.15
Employee + Child(ren)	\$11.71
Employee + Family	\$16.33

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Horizon Vista III	
Premium Rates (Voluntary)	
Employee Only	\$6.57
Employee + Spouse	\$13.14
Employee + Child(ren)	\$13.80
Employee + Family	\$19.25
Premium Rates (Funded)	
Employee Only	\$4.79
Employee + Spouse	\$9.56
Employee + Child(ren)	\$10.04
Employee + Family	\$14.01

Horizon Vista IV	
Premium Rates (Voluntary)	
Employee Only	\$4.88
Employee + Spouse	\$9.74
Employee + Child(ren)	\$10.22
Employee + Family	\$14.27
Premium Rates (Funded)	
Employee Only	\$3.46
Employee + Spouse	\$6.94
Employee + Child(ren)	\$7.27
Employee + Family	\$10.15

Horizon Expanse VIIA	
Premium Rates (Voluntary)	
Employee Only	\$9.34
Employee + Spouse	\$18.67
Employee + Child(ren)	\$19.60
Employee + Family	\$27.35
Premium Rates (Funded)	
Employee Only	\$6.35
Employee + Spouse	\$12.71
Employee + Child(ren)	\$13.35
Employee + Family	\$18.61

Horizon Expanse VIIB	
Premium Rates (Voluntary)	
Employee Only	\$7.24
Employee + Spouse	\$14.47
Employee + Child(ren)	\$15.20
Employee + Family	\$21.21
Premium Rates (Funded)	
Employee Only	\$4.99
Employee + Spouse	\$9.99
Employee + Child(ren)	\$10.49
Employee + Family	\$14.65

Horizon Expanse VIII	
Premium Rates (Voluntary)	
Employee Only	\$9.80
Employee + Spouse	\$19.60
Employee + Child(ren)	\$20.58
Employee + Family	\$28.72
Premium Rates (Funded)	
Employee Only	\$6.65
Employee + Spouse	\$13.30
Employee + Child(ren)	\$13.97
Employee + Family	\$19.48

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Hearing Benefits

Through Horizon BCBSNJ's partnership with EPIC Hearing Healthcare, your employees get a hearing exam and hearing aid hardware benefits.

Hearing benefits include:

- A routine hearing exam every two years, covered in full at an EPIC Provider, or an allowance of up to \$70 at any location
- A \$500 allowance per ear toward hearing aids every five years, with the choice of hundreds of name-brand and private-labeled hearing aids at significant savings
- Access to more than 5,000 credentialed hearing provider locations nationwide¹
- Professional, nationwide support no matter which hearing aid a member chooses



You can be assured that every facet of your hearing benefit is thought of, from top to bottom.



Learn more by visiting epichearing.com/horizonbcbsnj

1. 2019 EPIC Hearing Healthcare internal data.

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2021 Hearing Benefits

Benefits	Basic	Reserve	Entry	Essentials	Standard	Advanced	Premium
Hearing Aids	Private-labeled	Private-labeled	Name brand	Name brand	Name brand	Name brand	Name brand
Cost	\$749	\$949	\$999	\$1,099	\$1,399	\$1,899	\$2,399
Styles ¹	BTE	RIC, ITE, Ultra Power BTE, CIC	All styles	All styles	All styles	All styles	All styles
Batteries	1-year supply	1-year supply	1 year supply	1-year supply	1-year supply	1-year supply	5-year supply
Follow-Up Care	Cost per follow-up visit	Hearing aid fitting and 3 follow-up visits included within the first year, after the 45-day trial period					
Trial Period	70 days	45 days	45 days	45 days	45 days	45 days	45 days
Warranty	3-year extended warranty (covers repair and a one-time loss/damage replacement) ²						

1. BTE = behind-the-ear; RIC = receiver-in-canal; ITE = in-the-ear; CIC = completely-in-canal.
 2. One-time replacement cost may apply.
 3. Compared to industry pricing.

This is not a Horizon Blue Cross Blue Shield of New Jersey product. Horizon Blue Cross Blue Shield of New Jersey members enjoy a discount. Discounts are not insurance.

Fully Insured Exclusions: No benefits will be paid for services or materials; provided free of charge in the absence of insurance; payable under any Workers Compensation law or similar statutory authority; payable under any governmental plan or program whether Federal, State, or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid); for the medical and/or surgical treatment of the internal or external structures of the ear(s); or provided by a Hearing Aid Dispenser; required by an employer as a condition of employment; or not prescribed by a Physician or Audiologist; for Hearing Aid batteries, cleaning supplies or accessories; or for ear protection devices or plugs; for Assistive Listening Devices; for replacement due to loss, theft or damage to the Hearing Aid. Termination of Coverage: The Insured's insurance will cease on the date the Policy ends; the end of the last period for which any required premium has been made; or the date the Insured is no longer eligible for insurance. Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. administered by Forrest T. Jones & Company. Policy No. HC-118/HC-119. Discounts are not an insurance.

+ **Hearing Aids at Significant Savings**

Choose from hundreds of name-brand and private-labeled hearing aids from major manufacturers, including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™, Widex® and more at savings of up to 80% on industry prices.³

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Horizon Stop Loss Insurance

For businesses that want the advantages of self-funding without the risk, Horizon Stop Loss Insurance provides risk mitigation that's paired with a Primary Nurse Program to help employees manage chronic and high-risk medical conditions.

This coverage features:

- Risk reduction with lower cost and higher satisfaction
- Coverage for catastrophic medical expenses, providing peace of mind when employees have unforeseen yet all-too-common catastrophic claims
- The Horizon Primary Nurse Program at no extra cost, including personalized care with additional cost management and the benefit of risk mitigation
- Streamlined processes, such as immediate reconciliation, fast claim reimbursements and no lengthy claims filings
- No reporting fees

 Learn more about common terms by viewing our **Stop Loss Glossary**



Stop Loss Insurance solutions help self-insured employers protect their financial stability.

Contact your Broker or Horizon Account Representative or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Horizon Stop Loss Insurance

Stop Loss coverage pays for eligible losses that exceed the established deductible.

Medical stop loss insures your health care program:

- Protects employers when there is a catastrophic claim higher than a predetermined amount, called the “specific attachment point.”
- Once a member’s claims exceed the specific attachment point, Horizon Stop Loss Insurance assumes responsibility for the member’s remaining eligible paid claims within a contract period.

Aggregate stop loss adds an additional layer of protection:

- Protects employers when all combined claims exceed a predetermined amount for the policy period, called “the corridor above expected claims.”
- The most common “aggregate stop loss corridor” is 125%, which would mean a maximum claims liability of 125% of projected claims.
- Eligible benefits can include Horizon BCBSNJ medical and prescription drugs.

+ With Stop Loss Insurance, you get:

- Faster reimbursement
- Simplified administration
- Immediate reconciliation cost
- Management through the Primary Nurse Program

Contact your Broker or
Horizon Account Representative
or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Horizon Stop Loss Insurance Primary Nurse Program

As an included benefit to Horizon Stop Loss Insurance at no additional cost, our Primary Nurse Program helps your employees actively manage high-risk, chronic health conditions like kidney disease, diabetes, heart failure and obstructive pulmonary disease.



Primary Nurse Model

A model that can provide enhanced value and improved clinical outcomes

Our Primary Nurses:

- Coordinate and manage care
- Provide education and coaching
- Ensure appropriate treatment plans
- Guide patients to the most cost-effective solutions
- Reduce hospital readmissions
- Empower members to take responsibility for their health

With continuous member support that meets individual clinical and medical needs, the Primary Nurse model can provide enhanced value and improved clinical outcomes.



Benefits of the Horizon Primary Nurse Program

Members in the Primary Nurse Program report better results for inpatient, professional and emergency room experience, compared with those in other Horizon programs, according to a preliminary study.¹ The same study shows a 7% reduction in total medical costs, compared with the comparator set.¹

1. Based on a Horizon BCBSNJ study of more than 2,000 members identified for the Primary Nurse Program and for traditional care/case programs. Cost and utilization measures have been risk adjusted after evaluation of data.

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Additional Coverage

Expand your coverage and consolidate expenses with these additional options.



Life & Disability

With comprehensive options to help manage supplemental and voluntary benefits, Horizon BCBSNJ experts align families with the custom advantages needed to ensure their future is protected. Cost-effective products are underwritten through third-party carriers.

For more information, contact your Horizon BCBSNJ Account Manager.



International Medical Coverage*

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

Learn more at GeoBlueTravelInsurance.com/horizontravel.



Pet Insurance**

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

Learn more at ASPCAPetInsurance.com/HorizonBCBSNJ.

Note: See last page for footnotes

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Medicare Advantage

With our portfolio of Group Medicare Advantage, your retirees are covered with enhanced benefits over original Medicare.

- In- and out-of-network benefits
- Flexible designs to meet your coverage and budget needs
- Centralized group billing that streamlines administration
- Customizable plans for groups of 25 or more
- Options for retirees based mainly in New Jersey or nationwide
- Over 52,000 participating providers in New Jersey alone*



See next page for coverage details.



Extra advantages include:

- \$0 copayment annual physical exam
- \$0 copayment diagnostic mammograms
- Up to \$200 annual gym or yoga studio membership reimbursement
- 24/7 telehealth access to doctors and therapists

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*Based on physician data as of 6/19/2019 and is subject to change.

Medicare Advantage

Depending on the employer's county, coverage is through either Horizon BCBSNJ or Braven HealthSM, a new Medicare plan created in partnership with Hackensack Meridian Health.



New Jersey Only

Horizon Medicare Blue Access Group (HMO-POS)

Horizon Medicare Blue Access Group w/RX (HMO-POS)

National

Horizon Medicare Blue Group (PPO)

Horizon Medicare Blue Group w/RX (PPO)



New Jersey Only

Braven Medicare Access Group (HMO-POS)

Braven Medicare Access Group w/RX (HMO-POS)

National

Braven Medicare Group (PPO)

Braven Medicare Group w/RX (PPO)

+ To learn more, contact:

Heide Rivera

Horizon BCBSNJ Medicare Advantage Group Sales/Account Manager

Email: Heide_Rivera@HorizonBlue.com

Mobile: 1-908-801-3237

Dana Gatto

Horizon BCBSNJ Medicare Advantage Group Sales/Account Manager

Email: Dana_Gatto@HorizonBlue.com

Mobile: 1-973-489-4347



Horizon BCBSNJ Medicare Counties ●
Braven Health Counties ●

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We're putting 24/7 care and support in the palm of your hand.

- Chat with a nurse about symptoms
- Get help with appointment scheduling
- Get quick claim status updates
- Video chat with doctors
- View and print member ID Cards
- Locate in-network doctors



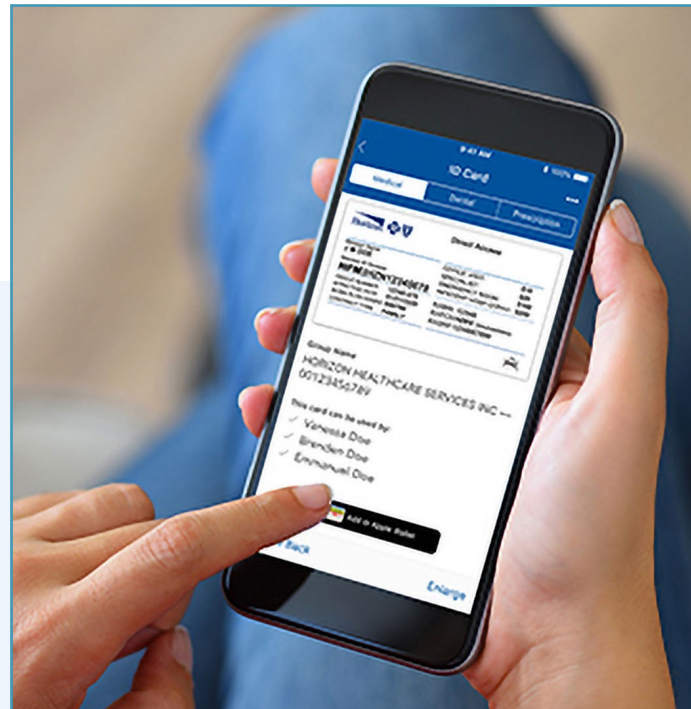
Text **GetApp** to **422-272** for your free Horizon Blue download.*



Join the 1.1 million members already using our digital tools. Download the Horizon Blue app today.*

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

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



Access your member ID Cards anytime from the mobile app.

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AGGREGATE STOP LOSS

Aggregate stop loss insurance provides a maximum claim liability for the entire group. This is typically set at 125% of expected claims, although 110%, 115% and 120% attachment points are also quoted.

CLAIMS CORRIDOR

The area that represents the risk corridor above expected claims. The corridor can vary from 10% to 25% as indicated in the above definition.

CONTRACT PERIOD

The time covered under a contract designating when a claim is incurred and when the claim must be paid to qualify for reimbursement. Example: With a 12/18 contract, a claim incurred within 12 months must be paid within the 18-month paid period. The incurred claims have an additional 6-month run-out period to get paid after the 12-month incurred period had ended.

EXPECTED CLAIMS

For experience rated cases, this amount is determined by an Underwriting calculation using the most recent claims experience (typically 12 to 24 months). For manual (smaller) cases, the amount is largely determined by the demographics and industry of the group. For cases that are not 100% credible for experience, a blending of the two methods is used.

FIXED COSTS

Consists of Administration Fee, Commissions (if applicable), Individual Stop Loss Premium, and Aggregate Stop Loss Premium. Paid monthly based on enrollment.

INCURRED BUT NOT REPORTED

Claims where the medical services have been rendered, but not yet paid by the insurance company or Third Party Administrator. These claims are typically accounted for as part of the experience calculation provided by Underwriting.

INDIVIDUAL STOP LOSS

Individual stop loss insurance (ISL) provides reimbursement in the event an individual plan participant has claims that exceed the ISL Level during a contract period. In some states, there is a mandated minimum Individual Stop Loss Level. In New Jersey, this minimum ISL is \$20,000. This amount is generally set by the Underwriter based on the size and the expected claims of the particular group.

LASER

The stop loss carrier alters the ISL coverage for certain claimant(s). For instance, if the client's ISL level is \$75,000, an individual with a serious ongoing claim may have their own ISL of \$150,000. The \$150,000 will not accumulate to the employer's aggregate claim liability.

MINIMUM ATTACHMENT

A provision which sets a minimum claim attachment liability in the event the client's enrollment shrinks. This allows the insurer to control costs and risk should enrollment shrink. Calculated based upon a percentage of enrollment (can be 90%, 95% or 100%) at the time of initial enrollment or renewal.

MONTHLY CLAIMS LIABILITY

The amount, expressed in dollars per employee (and/or dependent) per month, used to define the claim liability for each month.

PAID CONTRACT

Refers to a self-funded contract which is providing stop loss protection for all claims incurred under the life of the policy that are paid during the 12-month contract period. Some contracts renew to a paid contract at their first renewal.

RUN IN

Claims incurred prior to the first contract year and received after the new effective date. These claims can be paid under a "current year" contract that includes a run-in provision. Some insurers can offer run-in protection on ISL, and must be coordinated/priced for with underwriting.

RUN OUT

The run-out period refers to the period of time immediately following termination, during which time all claims incurred prior to the termination date are being paid. Timely claims submission, determination of medical necessity, clarification of issues and claims processing all contribute to the run-out period. Most contracts provide 3 months or 6 months of run-out protection. Some insurers will allow 12-24 months.

TOTAL COSTS

Total amount of liability each year consisting of administrative and fixed stop loss insurance premium plus monthly claim liability. This also is referred to as the Maximum Liability.

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Here when you need us most.
Now and always.



#1 in Member Satisfaction among Commercial
Health Plans in NJ, 3 out of 4 Years



For J.D. Power 2020 award information, visit jdpower.com/awards.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols, BlueCard®, Blue365® and PRECIOUSADDITIONS® are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols and MyWay® are registered marks and OMNIASM and HorizonbFitSM are service marks of Horizon Blue Cross Blue Shield of New Jersey. WebMD is an independent company offering health information and wellness education to Horizon BCBSNJ members.

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

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PillPack is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in prescription delivery services. PillPack is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

Horizon Insurance Company ("HIC") has a Medicare contract to offer HMO, HMO-POS, PPO and Part D Medicare plans, including group-Medicare Advantage plans and group Part D Prescription Drug plans. Enrollment in HIC Medicare products depends on contract renewal. Products are provided by HIC. 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. Both are independent licensees of the Blue Cross and Blue Shield Association.

Braven HealthSM is a service mark of Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health ("Braven Health") has a Medicare contract to offer HMO and PPO Medicare Advantage and Medicare Advantage with Prescription Drug plans, including group-Medicare Advantage and Medicare Advantage with Prescription Drug plans. Enrollment in Braven Health's products depends on contract renewal. Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

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 the 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, both of which are independent licensees 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.

Visionworks® is a trademark of UVP, LLC.

EPIC Hearing Healthcare supports Horizon Blue Cross Blue Shield of New Jersey in the administration of hearing plan benefits. EPIC Hearing Healthcare is independent from and not affiliated with the Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.

*GeoBlue® is a trademark of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

**Pet Insurance is not a Horizon Blue Cross Blue Shield of New Jersey product. Horizon BCBSNJ members enjoy a discount. The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. Pre-existing conditions are not covered. Coverage for prescription food does not include prevention or general health maintenance (including weight loss). Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit aspcapetinsurance.com/terms. Customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates and discounts may vary and are subject to change.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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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Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the **phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ
Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.**

If you are not a Horizon BCBSNJ member, you may contact Horizon BCBSNJ's Civil Rights Coordinator by calling 1-866-660-6528 (TTY/TDD 711) or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at 1-800-368-1019 or 1-800-537-7697 (TDD). OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.

જો તમે અંગ્રેજી સવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego. Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेजी से भिन्न कोई अन्य भाषा बोलते हैं, तो ननःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجانًا. يُمكنك التّصال بالرقم الموجود على ظهر بطاقة الهوية

اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔



Questions and Answers:

How Horizon BCBSNJ Collects and Maintains Your Personally Identifiable Information

Privacy Notice Statement Required by 45 C.F.R. § 155.260

Please read these questions and answers to learn how Horizon Blue Cross Blue Shield of New Jersey will collect and maintain any Personally Identifiable Information (PII) that you voluntarily provide or that Horizon BCBSNJ may obtain through the assistance provided to you.

We reserve the right to change this Privacy Notice Statement. We reserve the right to make the revised or changed Privacy Notice Statement effective with respect to your PII we already have, as well as, any information we may obtain from you if you seek the assistance of the Horizon BCBSNJ representative in the future. We will post a copy of our current Privacy Notice Statement on our website, **HorizonBlue.com**.

Q1: What is PII?

A1: PII, or Personally Identifiable Information, is any information that can be used to distinguish or trace your identity, alone, or when combined with other personal or identifying information that is linked or linkable to you. Some examples of PII include:

- __ Name
- __ Social Security Number
- __ Biometric records
- __ Date and place of birth
- __ Mother's maiden name
- __ Medical, educational, financial and/or employment information
- __ Phone number
- __ Home address
- __ Driver's license number
- __ Email address

Q2: Is Horizon BCBSNJ legally allowed to collect PII?

A2: Yes, Horizon BCBSNJ is authorized to collect your PII pursuant to the Affordable Care Act (ACA) and its implementing rules and regulations published by the Department of Health and Human Services (HHS).

Q3: Will Horizon BCBSNJ representatives collect my PII?

A3: Horizon BCBSNJ representatives will collect certain PII in connection with your interest in Horizon BCBSNJ health coverage options. Horizon BCBSNJ shall maintain and/or store your PII and/or the PII of your authorized representative in accordance with its privacy policies and procedures.

(Continues)

Q4: Why will Horizon BCBSNJ collect my PII?

A4: Our representatives may come in contact with your PII to assist you:

- With the eligibility process and application for health coverage
- With enrolling in a Qualified Health Plan (QHP)
- In determining eligibility for exemptions from the requirement to maintain health coverage.

Horizon BCBSNJ representatives may:

- Enter your PII into the Health Insurance Marketplace (the Marketplace) website application for you. In certain cases, you may enter the information on your own with the assistance of a Horizon BCBSNJ representative.
- Retain your PII and/or the PII of your authorized representative, after your session with the Horizon BCBSNJ representative has ended.

The Marketplace will collect, maintain and store your PII to:

- Determine your eligibility for health insurance coverage
- Determine your eligibility for programs to lower costs of health coverage
- Display your QHP options.

Q5: How will the Marketplace protect my PII?

A5: The Marketplace has privacy and security standards and procedures in place to protect your PII. For information regarding how the Marketplace will use your PII and its privacy and security practices, please see its privacy statement at <https://www.healthcare.gov/individual-privacy-act-statement/>.

You can learn more about how the Marketplace handles your information at: <https://www.healthcare.gov/how-we-use-your-data/>.

Q6: How will Horizon BCBSNJ use my PII? Will Horizon BCBSNJ share or disclose my PII?

A6: Horizon BCBSNJ will use your PII to help you obtain health coverage and to provide certain functions authorized in its Privacy and Security Agreement with the Centers for Medicare and Medicaid Services (CMS). Such authorized functions include, but are not limited to, helping you make the right eligibility determinations, helping you select a QHP and, if applicable, helping you obtain financial assistance (e.g., advance premium tax credits or cost sharing reductions). Horizon BCBSNJ and its representatives may share or disclose your PII with the Marketplace, certain federal or state agencies, and/or other Horizon BCBSNJ representatives only to the extent necessary to carry out the authorized functions.

Once you are enrolled in health coverage through Horizon BCBSNJ, our Notice of Information Privacy Practices applies. The policy can be found at [HorizonBlue.com/about-us/privacy-center](https://www.horizonblue.com/about-us/privacy-center).

Q7: Is sharing my PII voluntary? Can I choose not to share my PII?

A7: Yes. You and/or your authorized representative do not have to give the Horizon BCBSNJ representative more information than you or your authorized representative choose to provide.

However, the assistance the Horizon BCBSNJ representative provides is based only on the information you and/or your authorized representative provide. If the information provided is inaccurate or incomplete the Horizon BCBSNJ representative may not be able to, among other things, provide you with information about health coverage options, help with the eligibility process and/or assist you with enrollment in a QHP.

Please see the Marketplace's privacy notice for more information regarding effects of entering incomplete, inaccurate or fraudulent information into the Marketplace application:

<https://www.healthcare.gov/individual-privacy-act-statement/>.

Q8: If I feel that my privacy rights have been violated, how do I file a complaint?

A8: If you believe your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ by calling our Privacy Office at **1-973-466-5781** or you may file a complaint with the Centers for Medicare & Medicaid Services (CMS) by calling the Marketplace helpline at **1-800-318-2596**.

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Notice of Nondiscrimination

Horizon BCBSNJ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance Three Penn Plaza East, PP-16C

Newark, NJ 07105

Phone: 1-800-658-6781

Fax: 1-973-466-7759

Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights Headquarters

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.