

# Brief Notes

*News for  
Brokers and Consultants*

October 22, 2015

Applies to: Individual Market

## Horizon BCBSNJ Discontinuing Individual EPO Plans

Horizon Blue Cross Blue Shield of New Jersey has elected to discontinue all individual Horizon Advance EPO and Horizon Patient-Centered Advantage EPO Silver plans on December 31, 2015 in accordance with N.J.A.C. 11:20-18.6.

Existing members enrolled in these plans can remain in these plans until December 31, 2015. New applicants can enroll in a Horizon Advance EPO or Horizon Patient-Centered Advantage EPO Silver plan if they qualify for a special election period, but they will only be able to maintain the coverage until December 31, 2015.

Each affected member will receive notice of the plan discontinuance. With that notice, Horizon BCBSNJ will offer a suggested replacement medical plan along with the monthly premium rate for 2016. To make sure there is no gap in coverage, your clients will be automatically enrolled in the plans we have selected for them on January 1, 2016. However, your clients are free to review other plan options and decide which coverage is best for them.

The recommended replacement plans are:

Current Plan	New Plan as of January 1, 2016
Horizon Advance EPO Gold	OMNIA Gold
Horizon Advance EPO Silver	OMNIA Silver
Horizon Advance EPO Silver \$40/70%	OMNIA Silver
Horizon Advance EPO Bronze	OMNIA Bronze
Horizon Patient-Centered Advantage EPO Silver	Horizon Advantage EPO Silver

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The *attached* discontinuation notices will be sent to members roughly 60 days prior to their non-renewal date, along with a Summary of Benefits and Coverage (SBC) for the recommended replacement plan. There are three variations of the discontinuation notice for each product:

- Members enrolled off the Health Insurance Marketplace
- Members enrolled through the Health Insurance Marketplace who are receiving Advance Premium Tax Credits
- Members enrolled through the Health Insurance Marketplace who are not receiving Advance Premium Tax Credits

We will also notify your clients again at least 45 days prior to the non-renewal date on December 31, 2015.

### **Your clients' options**

Plans available for 2016 will be displayed on **Buy.HorizonBlue.com** (for off-Marketplace plans) and **HealthCare.gov** (for on-Marketplace plans) on November 1, 2015.

Unless your clients select another plan before December 15, 2015, they will automatically be enrolled in the replacement plan we have selected for them, with an effective date of January 1, 2016.

#### **For clients enrolled in coverage off the Marketplace:**

- If your clients are satisfied with the new plan we have selected for them, there is nothing they need to do at this time.
- If your clients want to enroll in a different plan, they should enroll by December 31, 2015, although we recommend a selection by December 15, 2015, for a January 1, 2016 effective date.
- Pediatric dental benefits are required by law:
  - If your clients are enrolled in a Horizon BCBSNJ Stand-Alone Pediatric Dental (SAPD) plan, they will be automatically renewed in that plan – no action is required.
  - If your clients do not have pediatric dental coverage with us, they will automatically be enrolled in a Horizon BCBSNJ SAPD plan, unless they call us at **1-844-274-0911** to confirm they have an SAPD plan with another carrier.
  - The SAPD plan monthly premium is \$20.59 per member under age 19 years. For three or more child dependents, under age 19 years, there is a maximum monthly premium of \$61.77. No premium is charged if there is no one on the policy under age 19 years.

For more information on the Individual products available off the Marketplace, your clients can call us at **1-844-274-0911**, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time (ET).

#### **For clients enrolled in coverage through the Marketplace:**

- Your clients need to update their Marketplace applications to make sure they are receiving the right amount of financial assistance. Please instruct your clients to visit **HealthCare.gov** on or after November 1, 2015 to update their applications.
- If your clients are satisfied with the replacement plans we have suggested for them, they must select those plans on their Marketplace applications. If your clients prefer a different Horizon BCBSNJ plan, they can select that plan on their Marketplace applications.

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For more information about the Horizon BCBSNJ products available through the Marketplace, your clients can call us at **1-844-274-0905**, Monday through Friday, between 8 a.m. and 5 p.m., ET.

**Please note:** Your clients who are currently covered by Medicare will be terminated on December 31, 2015, as Horizon BCBSNJ is unable to automatically enroll them in a new individual plan. Federal law prohibits the sale of an individual plan that duplicates Medicare. These clients may be able to purchase a Medigap plan, a Medicare Advantage plan and/or a Medicare Part D plan.

We are here to help you guide your clients to the Horizon BCBSNJ health plan that's right for them. If you have questions, please contact your Horizon BCBSNJ Sales Executive.



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East  
Newark, NJ 07105-2200  
HorizonBlue.com

<DATE>

<Member Name>

<Address>

<City><State><Zip>

## Re: Important Information about Your Health Insurance Plan for 2016

Dear <MEMBER FIRST NAME>

Identification Number <CCID>

Horizon Blue Cross Blue Shield of New Jersey is committed to providing members with access to quality care. We are writing to inform you that on December 31, 2015, the **Horizon Advance EPO plan** in which you are currently enrolled will no longer be available. Horizon BCBSNJ has elected to not renew the Horizon Advance EPO plan in accordance with N.J.A.C. 11:20-18.6. **It is important that you read the attached notice about the new plan we have suggested for you.** Unless you select another plan before December 15, 2015, you will automatically be enrolled in this new plan to avoid a gap in coverage.

### Introducing the new OMNIA Health Plan

The OMNIA Health Plan we have selected for you includes:

- Access to additional doctors in our Horizon Managed Care Network.
- The ability to see any doctor or specialist in the Horizon Managed Care Network without a referral.
- No requirement to select a Primary Care Physician (PCP). However, we strongly encourage you to use OMNIA Tier 1-designated doctors, specialists and hospitals to lower your out-of-pocket costs. **Doctors, specialists and hospitals may be in different tiers than they were under the Horizon Advance EPO plan.**

You can continue to see your Horizon Advance EPO PCP, as long as he or she is still participating in the Horizon Managed Care Network. However, if this doctor is in Tier 2, you will pay higher out-of-pocket costs. Using doctors, specialists, other health care professionals and hospitals with the OMNIA Tier 1 designation will help maximize your benefits and help keep your out-of-pocket costs lower. Beginning October 1, 2015, visit our *Online Doctor & Hospital Finder* at **HorizonBlue.com** to check the new tier status of your PCP and view a full list of participating doctors and hospitals. When you select the OMNIA Health Plan, some doctors and hospitals will be designated as OMNIA Tier 1; all other doctors and hospitals are Tier 2. **Again, we strongly encourage you to use OMNIA Tier 1-designated doctors, specialists and hospitals to lower your out-of-pocket costs.**

**If you are satisfied with the new plan we have selected for you, there is nothing you need to do at this time.**

### What if I want a different plan?

Since your current coverage will be ending, you can enroll in a new plan between November 1, 2015 and February 29, 2016. **However, if you want coverage that starts on January 1, 2016, the deadline to enroll is December 31, 2015, although we encourage you to make a selection by December 15, 2015.**

*(Continues)*

## Pediatric dental coverage is required by law

- If you already have the pediatric dental benefit through Horizon BCBSNJ, we will automatically renew your coverage – **no action is required**. Please note that you will receive a separate Stand-Alone Pediatric Dental (SAPD) renewal notice.
- If you do not have pediatric dental coverage through Horizon BCBSNJ, **you must confirm you have an SAPD plan with another carrier by calling 1-844-274-0911 by November 30, 2015**. Otherwise, you will automatically be enrolled into a Horizon BCBSNJ SAPD plan. The SAPD plan monthly premium is \$20.59 per member under age 19 years. For three or more child dependents, under age 19 years, there is a maximum monthly premium of \$61.77. No premium is charged if there is no one on the policy under age 19 years.

## Still have questions?

- Please call Horizon BCBSNJ at **1-844-274-0911**, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.
- Visit our retail centers or attend a Horizon BCBSNJ member event. View a schedule of events at **HorizonBlue.com/events**.
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- Contact your broker, if you use one.

Sincerely,



Michael J. Considine  
Vice President  
Consumer and Small Group Markets

Enclosure

## Getting Help in Other Languages

**Spanish (Español):** Para obtener asistencia en Español, llame al **1-844-274-0911**.

**Tagalog (Tagalog):** Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-844-274-0911**.

**Chinese (中):** 如果需要中□的帮助，请拨打这个号码 **1-844-274-0911**.

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### What you need to do

Unless you select another plan before December 15, 2015, you will automatically be enrolled in the suggested OMNIA Health Plan for January 1, 2016 to avoid a gap in coverage.

- Available plans for 2016 will be displayed on [HealthCare.gov](http://HealthCare.gov) on November 1, 2015.

(Continues)

- You need to update your Marketplace application to make sure you are receiving the right amount of financial assistance. Please visit [HealthCare.gov](http://HealthCare.gov) on or after November 1, 2015 to update your application.
  - If you are satisfied with the OMNIA Health Plan we have suggested for you, select it on your Marketplace application.
  - If you prefer a different Horizon BCBSNJ plan, select that plan on your Marketplace application.
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### **Your new replacement plan**

The Horizon Advantage EPO Silver plan is most similar to what you have now. Although you are not required to select a Primary Care Physician (PCP), you will experience lower out-of-pocket costs when care is coordinated through a PCP. In addition, the office visit copayment to a PCP will no longer vary based on the type of PCP you visit. It will be a set dollar amount, whether you pre-select a PCP who participates in one of our patient-centered programs or not. Please see the enclosed materials for other benefit changes.

You still have access to all participating doctors and specialists in our Horizon Managed Care Network and participating hospitals. Visit **HorizonBlue.com** to be sure that your doctors and other health care professionals are still participating in our network.

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*(Continues)*

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Consumer and Small Group Markets

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### Your New Replacement Plan

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You still have access to all participating doctors and specialists in our Horizon Managed Care Network and participating hospitals. Visit [HorizonBlue.com](http://HorizonBlue.com) to be sure that your doctors and other health care professionals are still participating in our network.

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