

Horizon Blue Cross Blue Shield of New Jersey

2022 Individual Products and Programs

October 15, 2021



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Agenda

- **OMNIA_{SM} Health Plans Updates** – Ron Stephens
- **2022 Individual Product Portfolio** – Ron Stephens / Crystal Robinson / Mark Nicholls
- **Horizon EXPAND** – Diane Suarez
- **Horizon Wellness** – Andrew Sheppard
- **Horizon Pharmacy** – Joseph Sourial
- **Horizon Additional Services** – Ron Stephens

Additional Information

- Horizon Blue App
- Key Individual Health Plan Benefit Details
- Telemedicine Copays
- New Jersey State Based Exchange Updates
- Horizon Marketing Support

OMNIA_{SM} Health Plans

OMNIA_{SM} Health Plans



- **OMNIA Health Plans** are based on an Exclusive Provider Organization (EPO) plan design and provide two levels of in-network benefits using providers who participate in the Managed CareNetwork

- **Based on metallic tiers (Bronze, Silver, and Gold).** Gold plans feature the lowest member cost sharing, but a highest monthly premium; the more affordable Bronze plan contain the lowest premium but highest out of pocket cost.

- **In the Individual/Consumer, five** OMNIA Health Plans are available both On- and Off-Exchange:

OMNIA Bronze	OMNIA Silver HSA	
OMNIA Silver Value	OMNIA Silver	OMNIA Gold

OMNIA_{SM} Health Plans

- **OMNIA Health Plans** are making health care easier by combining some of our best benefits with New Jersey's largest network of doctors and hospitals.
- **OMNIA Health Plans** group in-network doctors, hospitals and other health professionals into **two tiers** that leverage patient-centered arrangements
- **Included in Tier 1** are Horizon's OMNIA Health Alliance Partners, which are made up of health systems and one multispecialty physician group

More than 40K OMNIA Tier 1 doctors

- Low copays and deductibles with OMNIA Tier 1 doctors and hospitals
- Choose from more than 54,000 doctors and specialists and 87 hospitals in 106 convenient locations
- Includes providers in parts of Pennsylvania and Delaware



OMNIA Tier 1

41 Hospitals / 49 Locations

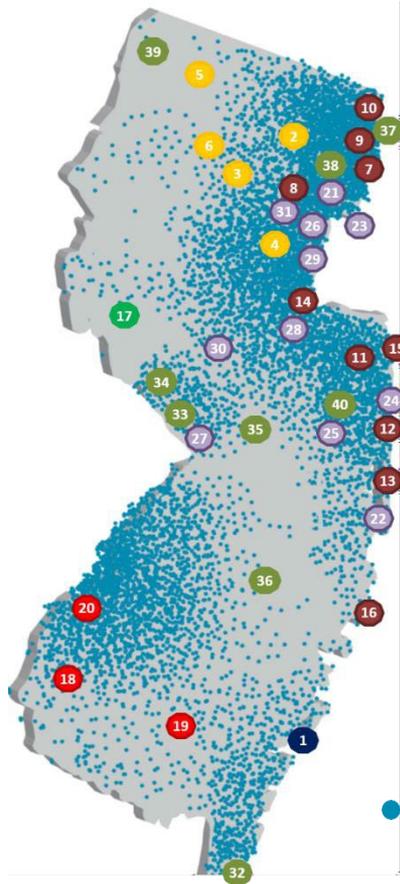
OMNIA Tier 2

46 Hospitals / 57 Locations

Total:

87 Hospitals / 106 Locations

Horizon OMNIASM Health Plan Hospital & Physician Network



● Tier 1 doctors, specialists and other health care professionals

AtlantiCare

1. AtlantiCare Regional MedicalCenter

Atlantic Health System

2. Chilton MedicalCenter
3. Morristown MedicalCenter
4. Overlook MedicalCenter
5. Newton MedicalCenter
6. Hackettstown Medical Center

Hackensack Meridian Health

7. HackensackUMC
8. HackensackUMC at Mountainside
9. HackensackUMC at Palisades
10. HackensackUMC at PascackValley
11. Bayshore Community Hospital
12. Jersey Shore University MedicalCenter
13. Ocean Medical Center
14. Raritan Bay Regional Medical Center
15. Riverview Medical Center
16. Southern Ocean Medical Center

Hunterdon Healthcare

17. Hunterdon Medical Center

Inspira Health Networks

18. Inspira Medical Center Elmer
19. Inspira Medical Center Vineland
20. Inspira Medical Center Mullica Hill

RWJBarnabas Health System

21. Clara Maass MedicalCenter
22. Community MedicalCenter
23. Jersey City MedicalCenter
24. Monmouth MedicalCenter
25. Monmouth Medical Center SouthernCampus
26. Newark Beth Israel Medical Center
28. Robert Wood Johnson University Hospital Hamilton
29. Robert Wood Johnson University Hospital New Brunswick
29. Robert Wood Johnson University Hospital Rahway
30. Robert Wood Johnson University Hospital Somerset
31. Saint Barnabas Medical Center

Summit Medical Group

718 Physicians

ADDITIONAL TIER 1 PROVIDERS

Cape Regional Health System

32. Cape Regional MedicalCenter

Capital Health

33. Capital Health Regional MedicalCenter
34. Capital Health Medical Center–Hopewell
35. Capital Health Medical Center - Fuld

Cooper University Health Care

36. Cooper University Hospital

Englewood

37. Englewood Hospital and MedicalCenter

St. Joseph's Healthcare System

38. St. Joseph's Hospital and Medical Center

St. Lukes Health System

39. St. Luke's Warren

CentraState

40. CentraState Medical Center

Saint Peter's University Medical Center

41. Saint Peter's University Medical Center

9,609
PRIMARY CARE
PHYSICIANS

22,493
SPECIALISTS

21,998
OTHER HEALTHCARE
PROFESSIONALS

87
HOSPITALS

2022 Individual Product Portfolio

2022 HORIZON INDIVIDUAL PRODUCT PORTFOLIO

Metal	2021 Product Portfolio	2022 Product Portfolio
BRONZE	OMNIA Bronze	OMNIA Bronze
	Advantage Bronze	Advantage Bronze
		NEW VALUE ACCESS BRONZE
SILVER	OMNIA Silver Value	OMNIA Silver Value
	OMNIA Silver HSA	OMNIA Silver HSA
	OMNIA Silver	OMNIA Silver
	Advantage EPO Silver	Advantage EPO Silver
		NEW VALUE ACCESS SILVER
GOLD	OMNIA Gold	OMNIA Gold
	HMO Gold (OFF Exchange)	HMO Gold (OFF Exchange)
CATASTROPHIC	Advantage EPO Catastrophic	Advantage EPO Catastrophic

For 2022 members will have access to In-Network Virtual PCP/Specialists benefits.

OMNIA Bronze

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
PCP Copay	\$50 copay after deductible	50% coinsurance after deductible	\$50 copay after deductible	50% coinsurance after deductible
Specialist Copay	\$75 copay after deductible	50% coinsurance after deductible	\$75 copay after deductible	50% coinsurance after deductible
Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Max Out-of-Pocket	\$8,550/\$17,100	\$8,550/\$17,100	\$8,700/\$17,400	\$8,700/\$17,400
Emergency Room	\$100 copay / 50% after deductible	\$100 copay / 50% after deductible	\$100 copay / 50% after deductible	\$100 copay / 50% after deductible
Inpatient Hospital	\$500 copay per day, up to 5 days, after deductible	50% coinsurance after deductible	\$500 copay per day, up to 5 days, after deductible	50% coinsurance after deductible
Outpatient Surgery	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Lab/Radiology OP	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$50 copay after deductible	N/A	\$25 copay after deductible	N/A
Telemedicine <i>(including mental health services)</i>	\$15 copay		\$15 copay after deductible	
Rx Copay/Coinsurance	\$25/ ded 50%/ded 50%		\$25/ ded 50%/ded 50%	

OMNIA Silver Value

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
PCP Copay	\$45 copay	50% after deductible	\$45 copay	50% after deductible
Specialist Copay	55% after deductible	50% after deductible	50% after deductible	50% after deductible
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Max Out-of-Pocket	\$8,550/\$17,100	\$8,550/\$17,100	\$8,700/\$17,400	\$8,700/\$17,400
Emergency Room	\$100 copay + 55% after ded	\$100 copay + 55% after ded	\$100 copay + 50% after ded	\$100 copay + 50% after ded
Inpatient Hospital	55% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	55% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Lab/Radiology OP	55% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health Substance Abuse Disorder	55% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$45 copay	N/A	\$20 copay	N/A
Telemedicine <i>(including mental health services)</i>	\$15 copay		\$15 copay	
Rx Copay/Coinsurance	50% coinsurance, after deductible		50% coinsurance, after deductible	

OMNIA Silver HSA

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
PCP Copay	\$15 copay, after deductible	\$30 copay, after deductible	\$15 copay, after deductible	\$30 copay, after deductible
Specialist Copay	\$30 copay after deductible	\$50 copay after deductible	\$30 copay after deductible	\$50 copay after deductible
Deductible	\$1,800/\$3,600	\$2,500/\$5,000	\$1,800/\$3,600	\$2,500/\$5,000
Max Out-of-Pocket	\$6,350/\$12,700	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Emergency Room	Deductible, \$100 copay + 70% coinsurance	Deductible, \$100 copay + 70% coinsurance	Deductible, \$100 copay + 70% coinsurance	Deductible, \$100 copay + 70% coinsurance
Inpatient Hospital	70% coinsurance after deductible	50% coinsurance after deductible	70% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	70% coinsurance after deductible	50% coinsurance after deductible	70% coinsurance after deductible	50% coinsurance after deductible
Lab/Radiology OP	\$15 after deductible	50% coinsurance after deductible	\$25 after deductible	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	70% coinsurance after deductible	50% coinsurance after deductible	70% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$15 copay after deductible	N/A	\$5 copay after deductible	N/A
Telemedicine <i>(including mental health services)</i>	\$10 copay after deductible		\$5 copay after deductible	
Rx Copay/Coinsurance	50% coinsurance, after deductible		50% coinsurance, after deductible (\$150 max per script)	

OMNIA Silver 10/15 – 87% (ON Exchange Previously OMNIA Silver HSA – 87%)

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
AV	88.00%		87.98% (Adjusted Rx: 87.98%)	
PCP Copay	\$10 copay after deductible	\$20 copay after deductible	\$10 copay after deductible	\$20 copay after deductible
Specialist Copay	\$15 copay after deductible	\$30 copay after deductible	\$15 copay after deductible	\$30 copay after deductible
Deductible	\$750/\$1,500	\$1,650/\$3,300	\$750/\$1,500	\$1,650/\$3,300
Max Out-of-Pocket	\$2,000/\$4,000	\$2,700/\$5,400	\$2,000/\$4,000	\$2,750/\$5,500
Emergency Room	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance
Inpatient Hospital	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Outpatient Surgery	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Lab/Radiology OP	\$5 after deductible	70% coinsurance after deductible	\$5 after deductible	70% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$10 copay after deductible	N/A	\$5 copay after deductible	N/A
Telemedicine <i>(including mental health services)</i>	\$5 copay after deductible		\$5 copay after deductible	
Rx Copay/Coinsurance	90% coinsurance, after deductible		90% coinsurance, after deductible (\$150 max per script)	

OMNIA Silver 5/15 – 94% (ON Exchange Previously Named OMNIA Silver HSA – 94%)

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
AV	94.82%		94.82% (Adjusted Rx: 94.82%)	
PCP Copay	\$5 copay after deductible	\$20 copay after deductible	\$5 copay after deductible	\$20 copay after deductible
Specialist Copay	\$15 copay after deductible	\$30 copay after deductible	\$15 copay after deductible	\$30 copay after deductible
Deductible	\$250/\$500	\$500/\$1,000	\$250/\$500	\$500/\$1,000
Max Out-of-Pocket	\$500/\$1,000	\$775/\$1,550	\$500/\$1,000	\$775/\$1,550
Emergency Room	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance	Deductible, \$100 copay + 90% coinsurance
Inpatient Hospital	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Outpatient Surgery	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Lab/Radiology OP	No Charge, after deductible	70% coinsurance after deductible	No Charge, after deductible	70% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	90% coinsurance after deductible	70% coinsurance after deductible	90% coinsurance after deductible	70% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$5 copay after deductible	N/A	\$5 copay after deductible	N/A
Telemedicine <i>(including mental health services)</i>	\$5 copay after deductible		\$5 copay after deductible	
Rx Copay/Coinsurance	90% coinsurance, after deductible		90% coinsurance, after deductible (\$150 max per script)	

OMNIA Silver

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
PCP Copay	\$30 copay	50% coinsurance after deductible	\$30 copay	50% coinsurance after deductible
Specialist Copay	\$50 copay	50% coinsurance after deductible	\$50 copay	50% coinsurance after deductible
Deductible	\$1,550/\$3,100	\$2,500/\$5,000	\$1,550/\$3,100	\$2,500/\$5,000
Max Out-of-Pocket	\$8,000/\$16,000	\$8,150/\$16,300	\$8,000/\$16,000	\$8,150/\$16,300
Emergency Room	\$100 copay + deductible	\$100 copay + deductible	\$100 copay + deductible	\$100 copay + deductible
Inpatient Hospital	\$500 copay per day, up to 5 days, after deductible	50% coinsurance after deductible	\$500 copay per day, up to 5 days, after deductible	50% coinsurance, after deductible
Outpatient Surgery	\$250 copay after deductible	50% coinsurance after deductible	\$250 copay after deductible	50% coinsurance after deductible
Lab/Radiology OP	\$75 copay, after deductible	50% coinsurance after deductible	\$75 copay, after deductible	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	\$30 copay after deductible	50% coinsurance after deductible	\$30 copay after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$30 copay	N/A	\$15 copay	N/A
Telemedicine <i>(including mental health services)</i>	\$10 copay		\$15 copay	
Rx Copay/Coinsurance	\$15 50% after Rx deductible 50% after Rx deductible		\$15 50% after Rx deductible 50% after Rx deductible	
Rx Deductible	\$250/\$500		\$250/\$500	

OMNIA Gold with BlueCard

	2021		2022	
	Tier 1	Tier 2	Tier 1	Tier 2
PCP Copay	\$10 copay	\$30 copay after deductible	\$10 copay	\$30 copay, after deductible
Specialist Copay	\$25 copay	\$50 copay after deductible	\$25 copay	\$50 copay after deductible
Deductible	\$950/\$1,900	\$2,500/\$5,000	\$950/\$1,900	\$2,500/\$5,000
Max Out-of-Pocket	\$4,500/\$9,000	\$6,350 / \$12,700	\$4,500/\$9,000	\$6,350/\$12,700
Emergency Room	\$100 copay + deductible	\$100 copay + deductible	\$100 copay + deductible	\$100 copay + deductible
Inpatient Hospital	\$500 copay per day, up to 5 days, after deductible	70% coinsurance after deductible	\$500 copay per day, up to 5 days, after deductible	70% coinsurance after deductible
Outpatient Surgery	\$250 copay after deductible	70% coinsurance after deductible	\$250 copay after deductible	70% coinsurance after deductible
Lab/Radiology OP	\$20 copay	70% coinsurance after deductible	\$20 copay	70% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	\$10 copay	70% coinsurance after deductible	\$10 copay	70% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$10 copay	\$30 copay after deductible	\$5 copay	\$15 copay after deductible
Telemedicine <i>(including mental health services)</i>	\$10 copay		\$5 copay	
Rx Copay/Coinsurance	\$20 copay \$50 copay \$75 copay		\$20 copay \$50 copay \$75 copay	

Advantage EPO Essentials

	2021	2022
PCP Copay	\$0 for 3 visits / Deductible	\$0 for 3 visits / Deductible
Specialist Copay	No Charge after ded	No Charge after ded
Deductible	\$8,550	\$8,700
Max Out-of-Pocket	\$8,550	\$8,700
Emergency Room	No Charge after deductible	No Charge after deductible
Inpatient Hospital	No Charge after deductible	No Charge after deductible
Outpatient Surgery	No Charge after deductible	No Charge after deductible
Lab/Radiology OP	No Charge after deductible	No Charge after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	No Charge after deductible	No Charge after deductible
Home Health Care Home Infusion Therapy Home Visits	No Charge after deductible	No Charge after deductible
Telemedicine <i>(including mental health services)</i>	\$5 copay after deductible	No Charge after deductible
Rx Copay/Coinsurance	No Charge after deductible	No Charge after deductible

Advantage EPO Bronze

	2021	2022
	Expanded Bronze	Expanded Bronze
PCP Copay	\$30 after deductible	\$30 after deductible
Specialist Copay	50% after deductible	50% after deductible
Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Max Out-of-Pocket	\$8,550/\$17,100	\$8,700/\$17,400
Emergency Room	\$100 copay / 50% after deductible	\$100 copay / 50% after deductible
Inpatient Hospital	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	50% coinsurance after deductible	50% coinsurance after deductible
Lab/Radiology OP	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$30 after deductible	\$15 after deductible
Telemedicine <i>(including for mental health services)</i>	\$15 copay	\$15 after deductible
Rx Copay/Coinsurance	\$25/ ded 50% /ded 50% (\$250 max per script for brand/specialty)	\$25/ ded 50% /ded 50% (\$250 max per script for brand/specialty)

Advantage EPO Silver

	2021	2022
	INN	INN
PCP Copay	\$30 copay	\$30 copay
Specialist Copay	\$50 copay	\$50 copay
Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Max Out-of-Pocket	\$8,000/\$16,000	\$8,100/\$16,200
Emergency Room	\$100 copay / 50% after deductible	\$100 copay / 50% after deductible
Inpatient Hospital	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	50% coinsurance after deductible	50% coinsurance after deductible
Lab/Radiology OP	\$75 copay after deductible	\$75 copay after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$30 copay	\$15 copay
Telemedicine <i>(including for mental health services)</i>	\$15 copay	\$15 copay
Rx Copay/Coinsurance	\$15/50%/50% (\$150 max per script for brand/specialty)	\$15/50%/50% (\$150 max per script for brand/specialty)

Horizon Value Access - Overview

Horizon has developed a new lower cost network product called Horizon Value Access

- **Horizon Value Access** will have a **narrow medical network** that utilizes a subset of Horizon's managed care network.
- Provide quality care which is convenient to you due to its local access. This was developed to meet the need for a new Individual/Consumer (IHC) product with a lower cost premium.
- ValueAccess product was designed to attract uninsured residents in 4 NJ counties:
 - **Hunterdon**
 - **Morris**
 - **Sussex**
 - **Warren**
- Provide coordinated care in collaboration with two hospital systems:

Atlantic Health System and Hunterdon Healthcare



New IHC Value Access Plans - Highlights

An Opportunity to Address the Uninsured Population

The product will focus on driving new membership volumes from the cohort of currently uninsured New Jersey residents in the Northwest part of the state

A Differentiated, Lower-Cost Product Offering

Given the targeted membership population, the new product offering would offer differentiated, low-cost care options from anchor partners in the network

A Marketing Strategy Tailored to the Target Population

To support product adoption, Horizon is developing a new marketing strategy to engage the potential membership population within these geographies

- **Quality access to care:** the member would select a PCP (this is required) who will work with the member to manage their care end to end - mind and body. They will also help the member to understand their plan's benefits. (Referrals are required)
- **Convenient** to regional network and partners
- Horizon's **trustworthiness**
- **Affordability** based on Horizon's competitive price position
- Additional **financial subsidies** from the American Rescue Plan as well as **NJ State subsidies**
- **Horizon's virtual care:** 24/7 nurse chat, video doctor visit services
- **Behavioral health services**
- **Pharmacy Network** that excludes Walgreens

Value Access Bronze (EPO plan)

	2022
PCP Copay	50% coinsurance after deductible
Specialist Copay	50% coinsurance after deductible
Deductible	\$3,000
Max Out-of-Pocket	\$8,700
Emergency Room	\$100 copay, 50% coinsurance after deductible
Inpatient Hospital	50% coinsurance after deductible
Outpatient Surgery	50% coinsurance after deductible
Lab/Radiology OP	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	50% coinsurance after deductible
Telemedicine <i>(including for mental health services)</i>	\$15 copay after deductible
Rx Copay/Coinsurance	\$25 50% coinsurance after deductible

Value Access Silver (EPO plan)

	2022
PCP Copay	\$45 copay
Specialist Copay	50% coinsurance after deductible
Deductible	\$2,500
Max Out-of-Pocket	\$8,700
Emergency Room	\$100 copay, 50% coinsurance after deductible
Inpatient Hospital	50% coinsurance after deductible
Outpatient Surgery	50% coinsurance after deductible
Lab/Radiology OP	50% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	50% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$20 copay
Telemedicine <i>(including for mental health services)</i>	\$15 copay
Rx Copay/Coinsurance	\$25 50% coinsurance after deductible

Value Access Silver (EPO plan) – 73%

	2022
PCP Copay	\$40 copay
Specialist Copay	60% coinsurance after deductible
Deductible	\$1,800
Max Out-of-Pocket	\$6,500
Emergency Room	\$100 copay, 60% coinsurance after deductible
Inpatient Hospital	60% coinsurance after deductible
Outpatient Surgery	60% coinsurance after deductible
Lab/Radiology OP	60% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	60% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$20 copay
Telemedicine <i>(including for mental health services)</i>	\$15 copay
Rx Copay/Coinsurance	\$25 60% coinsurance after deductible

Value Access Silver (EPO plan) – 87%

	2022
PCP Copay	\$20 copay
Specialist Copay	70% coinsurance after deductible
Deductible	\$500
Max Out-of-Pocket	\$2,800
Emergency Room	\$100 copay, 70% coinsurance after deductible
Inpatient Hospital	70% coinsurance after deductible
Outpatient Surgery	70% coinsurance after deductible
Lab/Radiology OP	70% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	70% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$10 copay
Telemedicine <i>(including mental health services)</i>	\$10 copay
Rx Copay/Coinsurance	\$15 70% coinsurance after deductible

Value Access Silver (EPO plan) – 94%

	2022
PCP Copay	\$10 copay
Specialist Copay	70% coinsurance after deductible
Deductible	\$350
Max Out-of-Pocket	\$750
Emergency Room	\$100 copay, 70% coinsurance after deductible
Inpatient Hospital	70% coinsurance after deductible
Outpatient Surgery	70% coinsurance after deductible
Lab/Radiology OP	70% coinsurance after deductible
Outpatient Treatment Mental Behavioral Health, Substance Abuse Disorder	70% coinsurance after deductible
Home Health Care Home Infusion Therapy Home Visits	\$5 copay
Telemedicine <i>(including for mental health services)</i>	\$5 copay
Rx Copay/Coinsurance	\$10 70% coinsurance after deductible

Metal	2021 Product Portfolio	2022 Product Portfolio	2021 Premium	2022 Premium
BRONZE	OMNIA Bronze	OMNIA Bronze	\$281.27	\$306.29
	Advantage Bronze	Advantage Bronze	\$374.08	\$410.92
		NEW VALUE ACCESS BRONZE		\$275.53
SILVER	OMNIA Silver Value	OMNIA Silver Value	\$305.02	\$331.54
	OMNIA Silver HSA	OMNIA Silver HSA	\$352.14	\$386.49
	OMNIA Silver	OMNIA Silver	\$373.03	\$409.14
	Advantage EPO Silver	Advantage EPO Silver	\$465.17	\$511.34
		NEW VALUE ACCESS SILVER		\$298.27
GOLD	OMNIA Gold	OMNIA Gold	\$608.13	\$668.35
	HMO Gold (OFF Exchange)	HMO Gold (OFF Exchange)		
CATASTROPHIC	Advantage EPO Catastrophic	Advantage EPO Catastrophic	\$249.87	\$272.06

Individual Products and Consumer Mapping

Tier	Product	2022 Premium	Use
Bronze	OMNIA Bronze	\$306.29	Cheapest Except Catastrophic. Use when contract is for a Single or person, customer is a low utilizer / healthy and customer requests cheapest plan.
	Advantage Bronze	\$410.92	Recommended for someone who is healthy and for individuals who do not utilize Tier 1 doctors and hospitals
	NEW Value Access Bronze	\$275.53	Recommended for individuals residing in the four permitted NJ counties who are looking for plans with a lower cost premium
Silver	OMNIA Silver Value	\$331.54	Recommended for existing members who can't afford other plans and will either be going without insurance or another carrier
	OMNIA Silver HSA	\$386.49	For a multiple family unit looking for a lower deductible than with the OMNIA Bronze, and wants a reasonable premium.
	OMNIA Silver	\$409.14	For those who are willing to pay a higher premium so they are not subject to a deductible on Tier 1 provider visits. Also, good for individuals who take generic drugs since no deductible on Generic scripts.
	Advantage EPO Silver	\$511.34	Recommended for individuals who do not utilize Tier 1 doctors and hospitals.
	NEW Value Access Silver	\$298.27	Recommended for individuals residing in the four permitted NJ counties who are looking for plans with a lower cost premium
Gold	OMNIA Gold	\$668.35	For highest utilizers and people with chronic conditions. We are likely the most competitive in this space.
Catastrophic	Advantage EPO Catastrophic	\$272.06	Member under 30 and low utilizer

* All premiums shown based on 25 year old

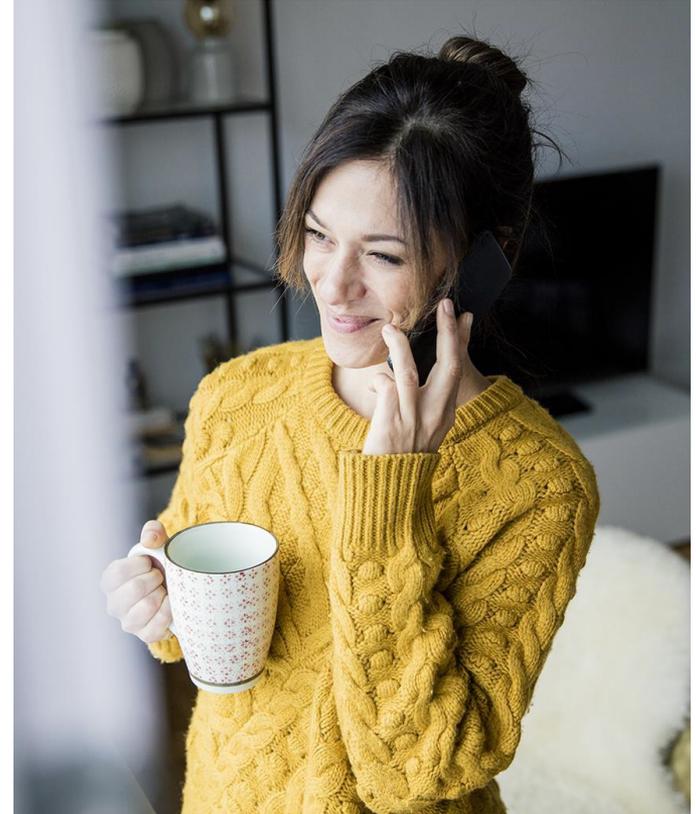
HMO Gold Plan

Plan Availability:

- The HMO Gold Plan is available OFF Exchange to any individual who qualifies for an Under 65 plan and wants to purchase one.
- If someone qualifies for a subsidy, the HMO Plan is only available OFF Exchange so no subsidy is available.
- Also, unlike Horizon's other plans that are EPOs, this plan is an HMO so Referrals and a PCP selection are required.

Sales Process:

- Because only a small number of people inquire about the HMO Gold, we are only allowing our Internal Telesales team to sell this plan.
- When someone calls about the plan, please let them know that Horizon does sell the plan, but you personally do not. You should then do the following:
 - Member must **contact Horizon directly at 888-765-7059** and a representative will review the plan benefits as well as provide them with the cost of the plan.



2022 Horizon EXPAND

Horizon Dental Products
Horizon Vision Products

Dental – 2022 Individual Update



**Young Grins/Family Grins/
Family Grins Plus**

For members under the age of 19 – Maximum Out of Pocket going from \$350 per child/\$700 per family to \$375 per child/\$750 per family.

HORIZON 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 Preventive and Diagnostic coverage plus substantial discounts for other services for parents or guardians. Horizon Family Grins Plus adds a comprehensive dental plan with a \$1500 annual maximum and out-of-network coverage for members over the age of 19. Each plan covers 3 routine cleaning, exams, and routine x-rays per year.



Horizon Individual

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. Limited network. Premium is paid up front and paper application mailed in directly by the member.



Horizon Healthy Smiles Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans offer comprehensive coverage. No out-of-network benefits are included. Healthy Smiles Plus provides access to the most expansive Horizon dental network available. Benefit Waiting periods apply if member does not have prior coverage.



Horizon Centurion

Provides on average a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting. This is strictly a discount plan, there are no benefits paid to either the provider or member (it works like a coupon) Premium is paid up front and paper application mailed in directly by the member.

COVERING A CHILD UNDER THE AGE OF 19?



Horizon Young Grins

The Horizon Young Grins Plan emphasizes prevention and early intervention through routine oral screenings, evaluations and cosmetic orthodontia, all to help keep those young grins healthy and looking their best. No annual maximums or benefit waiting periods. Coverage is only for members under the age of 19.

Horizon offers these Vision Plans in the Individual Market



HORIZON VISTA PLAN V: \$

- Annual eye exam for \$10
 - \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$100 allowance for contact lenses
 - Significant savings on progressives, high index lenses and more
-

HORIZON PANORAMA PLAN V: \$\$

- Annual eye exam for \$10
- \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$130 allowance for contact lenses
- Significant savings on progressives, high index lenses and more

Horizon Wellness

Horizon Wellness Program

- A **highly-engaging health offering** that supplies its members with the tools they need to lead healthier lives.
- Reduction in participant's particular health risk factors and guidance to **manage their health** through the specialty program options.
- Improvement in overall population health and **lower health care costs**.



- Easy **online tools** activated to help you gain healthier employees, who stay on track and are engaged in their well-being.
- Special **discounts and cash incentives** inspire employees to get out there, take an active role in their health and be rewarded for their efforts.
- Plenty of **help and encouragement** is provided to the group and its employees along the way.

My Health Manager



**A COMPREHENSIVE SUITE
OF ONLINE HEALTH
DECISION-SUPPORT TOOLS
AND HEALTH MANAGEMENT
RESOURCES TO INCREASE
EMPLOYEE ENGAGEMENT**

**DETERMINE WHICH HEALTH
AND WELLNESS PROGRAMS
SHOULD BE IMPLEMENTED TO
CUSTOMIZE THE PROGRAM
FOR SPECIFIC EMPLOYEE
POPULATIONS**



**PERSONALIZED, SECURE
CONFIDENTIAL TOOL THAT
DELIVERS CONTENT TAILORED
SPECIFICALLY TO EACH
INDIVIDUAL'S HEALTH NEEDS
AND INTERESTS**

- Use My Health Manager, powered by WebMD®, to access your online [personal health record](#), which automatically captures diagnoses, medicines and lab results from health care professionals
- Use My Health Manager to take the [Health Assessment](#), which identifies their health risks and generates a score based on that information.
- My Health Manager will also recommend articles and videos from WebMD's extensive library that relate to the member's diagnoses. Members can participate in the monthly Wellness webinars



Handpicked deals
from premium brands that you recognize

Exclusive offers
only available to Blue365 members

Better discounts
30% off on more than 20k experienced
health & well-being specialists

Year-round discounts
no limited supplies, no limits on savings



- Web-driven national discount program (blue365deals.com); 35M+ members in 22+ participating plans
- Weekly deals/partnerships with select national retailers for fitness gear, gym memberships, family activities, healthy eating
- With over 10k locations, find fitness facilities that fit you and your needs





Horizon**b**Fit

Horizonb**Fit** rewards eligible Horizon BCBSNJ members for getting regular exercise. Once you enroll, you become eligible to receive a \$20 reward for every month in which you:

- Visit one of the 4,000 participating fitness facilities 12 or more days a month
 - Walk 10,000 steps a day for at least 12 days a month, or
 - Work out at home 12 or more days a month, and record and submit your workout using the Fit-At-Home feature; or
 - Complete any combination of visiting a participating facility, walking 10,000 steps or working out at home for a total of at least 12 days a month. (e.g., within the month, you visit a participating gym for six days, walk 10,000 steps for three days and work out at home for three days)
- With Horizon**b**Fit, you can earn up to \$240 a year in rewards!**

Wellness: Blue365 Gym & HorizonbFIT (OMNIA Only)

Customer enrolls in Blue365 Tivity Health (All Members)	Incentive	<ul style="list-style-type: none"> Monthly gym membership of \$29 month*
	Number of gyms where available	<ul style="list-style-type: none"> 9,500 throughout the U.S.
	Enrollment Process	<ul style="list-style-type: none"> Go to Horizonblue.com/Blue365
	Redemption Process	<ul style="list-style-type: none"> Set up gym membership at participating gym and only charged \$29
Customer Enrolls in HorizonbFit & Uses a HorizonbFit Fitness Facility/Gym (OMNIA members only)	Incentive	<ul style="list-style-type: none"> \$20 Per Month Up to \$240 Annually
	Number of gyms where available	<ul style="list-style-type: none"> 4,000 gyms throughout the U.S.
	Enrollment Process	<ul style="list-style-type: none"> Set up an account at horizonbfit.com.
	Redemption Process	<ul style="list-style-type: none"> \$20 is deposited in the member's account after they visit the facility 12 days in a given month, track 10,000 steps 12 days in a month, complete a Fit at Home workout 12 days in a month or a combination of all three.

- **If you have HorizonbFit and Blue365 Tivity Health and go to a gym 12 or more days a month, the net cost to a Customer for a gym membership is \$9/month (\$108/year)**

Precious Additions®



- **Precious Additions®** promotes a healthy pregnancy for expectant parents-to-be
- Free voluntary education program for eligible members that provides valuable health information on their pregnancy
- Members will receive access to educational materials/resources
 - Interactive healthy-pregnancy calendar
 - Mayo Clinic Guide to a Healthy Pregnancy ebook
 - Information about Horizon program and resources
 - Receive up to a \$50 reimbursement for prenatal education
 - Proactively identify potential issues early



24/7 NURSE LINE

- An inbound telephonic program with a registered nurse to address general health and wellness questions/concerns
- Learn about fitness, nutrition, common illnesses and conditions, prevention tips
- View web pages and other helpful resources related to the topic being discussed



TELEMEDICINE

- Consult with a doctor anytime using **Horizon CareOnline** to talk with a licensed, U.S. board-certified doctor via video, chat or phone 24 hours a day, seven days a week. No appointments
- Through the **Horizon App** using Telemedicine



CHRONIC CARE PROGRAM

- Targeted health education to encourage member adherence to their health care provider's suggested treatment regimens
- Clinical identification algorithms:
 - Medical, laboratory, Rx claims data, Medication compliance reports, Individual utilization profiles, Self-reported facts from Health Risk Assessments

Horizon Pharmacy

Horizon Pharmacy Benefits in the Individual Market

Pharmacy Plans

- Each medical plan design has a corresponding pharmacy plan “**packaged**” with it.
- The plan design’s medical and pharmacy expenses **cross-accumulate** into one Maximum Out of Pocket (MOOP) amount.
- The plan design’s have the same formulary (covered drug list) and exclusions.

Formulary structure

- The formularies (covered drug lists) are organized into Tiers, or levels:
 - **Generic (Tier 1): lowest cost share**
 - **Preferred brand (Tier 2): middle cost share**
 - **Non-preferred brand (Tier 3): highest cost share**
- Specialty drugs can be generic, preferred brand or non-preferred brand and fall under the respective tier.
 - Some self-insured groups have their own specialty drug tier.



Formulary – On-Line Search Tool

A drug search tool is available at HorizonBlue.com/formulary

- Does not indicate coverage
- Connects to the Prime web site when a formulary is selected
- Identifies the tier and estimated contracted rate for medicine
- Estimated contracted rate is based on 90 day supply; important to check 30 day supply contracted rate

Since the look-up tool is not authenticated (member has not logged in):

- The tool does not indicate member cost share based on specific plan design
- It will not indicate if the medicine has special rules such as PA
- The Formulary Guide pdf indicates utilization management requirements

The Health Insurance Marketplace Formulary pdf formulary guide indicates the medicines that are covered.

- CMS requires that Health Insurance Marketplace (HIM) products have a formulary guide that lists all covered medicines, the tier and special rules such as PA, Specialty or ACA \$0 drug

Drug Search Tool

Horizon BCBSNJ logo and navigation menu (Medicines, Pharmacies, Learn, Forms, Register, Sign In).

Find medicines

Your health plan: Horizon BCBSNJ

- Choose your drug list**
Classic Drug List for the Health Insurance Marketplace (Applied)
- Add a medicine**
Search: Avapro
Add a medicine associated with your selected drug list

Selected medicines

[Compare pharmacy pricing](#)

Your drug list: Classic Drug List for the Health Insurance Marketplace
Click on a medicine name for more information.

AVAPRO

300mg tablet / 30 tablets per 30 days

On drug list, Tier 3 - Non-Preferred brand drugs

90-day home delivery

[See all pricing options](#)

Total cost: \$626

Prices listed are estimates. If you are already a member, [sign in](#) or [register](#) to get prices specific to your benefits.

Refill with home delivery

PillPack delivers your medication in pre-sorted packets (30-day) or in bulk bottles (90-day). [Start using PillPack today](#)

AllianceRx Walgreens Prime home delivery brings a 90-day supply of your medication directly to your door. Skip the lines at the pharmacy and [sign up](#) for home delivery today.

Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distribution	Drug Name	Drug Tier	Prior Authorization	Quantity Limits	Specialty	ACA	Limited Distrib
irbesartan tab 300 mg (Avapro)	1	•					LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg	3	•				
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1	•					LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-12.5 mg	3	•				
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1	•					LOTENSIN HCT - benazepril & hydrochlorothiazide tab 20-25 mg	3	•				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1						LOTREL - amlodipine besylate-benazepril hcl cap 5-10 mg	3	•				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1						LOTREL - amlodipine besylate-benazepril hcl cap 5-20 mg	3	•				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1						LOTREL - amlodipine besylate-benazepril hcl cap 10-20 mg	3	•				
lisinopril tab 2.5 mg (Zestril)	1						METHYLDOPA/ HYDROCHLOROTHIAZIDE tab 250-15 mg	1					
lisinopril tab 5 mg (Prinivil)	1						METHYLDOPA/ HYDROCHLOROTHIAZIDE tab 250-25 mg	1					
lisinopril tab 10 mg (Prinivil)	1						metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	1					
lisinopril tab 20 mg (Prinivil)	1						metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct)	1					
lisinopril tab 30 mg (Zestril)	1						METOPROLOL SUCCINATE ER/H - metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	3	•				
lisinopril tab 40 mg (Zestril)	1												
LOPRESSOR HCT - metoprolol & hydrochlorothiazide tab 50-25 mg	3	•											
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	1	•											
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	1	•											
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	1	•											
losartan potassium tab 25 mg (Cozaar)	1	•											
losartan potassium tab 50 mg (Cozaar)	1	•											

Pharmacy Network Overview

Pharmacy Network Composition

- Major chains and most independents participate in the NJ Select network
- Sam's Club will not be participating in the Prime Retail Networks starting 1/1/2021.
- Only Value Access Plans will be excluding Walgreens from the network.

RETAIL	MAIL	SPECIALTY
<ul style="list-style-type: none">• National network of 62,000+ pharmacies (NJ Select)• All major chains participate• 91% of pharmacies in NJ participate	<ul style="list-style-type: none">• AllianceRx Walgreens Prime mail order• PillPack• Amazon Pharmacy	<ul style="list-style-type: none">• 17 specialty pharmacies including:• AllianceRx Walgreens Prime specialty, Caremark Specialty Pharmacy, Accredo and others

AllianceRx Walgreens Prime

AllianceRx Walgreens Prime is an option for home delivery of 90 day maintenance medicine(s)



- The mail order copay/cost share will apply
- The dispensing location is Tempe, AZ
- Member to set up profile with delivery location and form of payment
 - If a form of payment is not on file and the order is greater than \$125, PrimeMail will not ship the medicine
- Refill reminders and auto-refill is available
- AllianceRx Walgreens Prime will outreach to prescriber to get mail order prescriptions
 - Member calls with medicine and prescriber information
 - Mail order pharmacy contacts the doctor for the mail order prescriptions

PillPack Overview

PillPack is:

- **A certified US retail pharmacy with licenses in all 50 states and the District of Columbia.**
 - **Accredited by the National Association of Boards of Pharmacy (NABP).**
-
- Their “claim to fame” is delivering medications pre-sorted into packets by time of day.
 - They also deliver medications in bottles, along with other pharmacy items like eye drops, creams, insulin, and inhalers.
 - PillPack is the brand name for everything they do.
 - Members can receive medications in packets, bottles, or unit of use.
 - 30-day supply in Multi-Dose-Packaging for a 30-day copay under the retail benefit
 - 30-day supply in vials for a 30-day co-pay under the retail benefit
 - 90-day supply in vials for a 90-day co-pay under the Mail-benefit (typically, the lowest member cost/copay)
 - Schedule II Controlled substances and compound drugs are not available
 - Shipping to Hawaii and Puerto Rico is not available.
 - Specialty drugs are not available.



Additional Services

Away From Home Care (AFHC)

- This program is available to members in **Horizon HMO, Horizon EPO and OMNIASM Health Plans.**
- It gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.
- The AFHC program is not available to any member that has a Horizon BCBSNJ HSA plan or a plan with BlueCard[®] coverage.
 - **Note: Out of state benefits available through BlueCard program.**

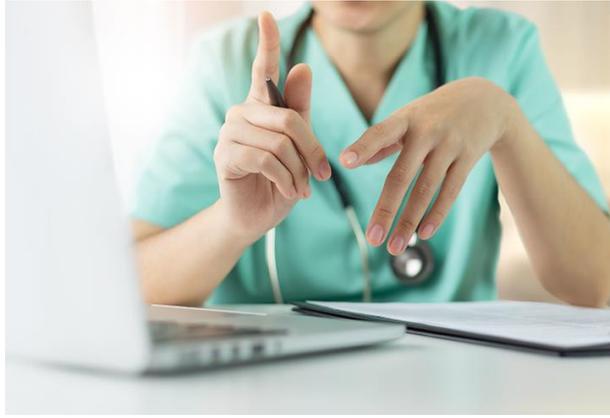


Horizon Services



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.



Doctor & Hospital Finder

If you need to find a new doctor, specialist or a hospital that participates in one our networks visit our [Doctor & Hospital Finder](#).

Find a health care professional who matches your needs. Also, create your own directory, view street maps and get door-to-door directions.

Additional Information

Horizon Blue App

■ We're putting 24/7 care in the palm of your hand

- View, download and share your ID Card
- Chat with a nurse about symptoms
- Get help with appointment scheduling
- Conveniently view claim status updates
- Access to Prime Therapeutics to check you prescription order status, review prescription history, search for in network pharmacy
- Telemedicine
- Locate in-network doctors



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



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



Key Individual Health Plan Benefit Details

Durable Medical Equipment	Authorization is required for durable medical equipment (DME) and subject to medical necessity guidelines
Hearing Exams/ Hearing Aids-Adult	Adult routine hearing exams are covered one per calendar year and are subject to any applicable copay, coinsurance and deductible amounts. Adult hearing aids are not covered.
Hearing Exams/ Hearing Aids-Pediatric	<p>Pediatric hearing aids are covered for covered persons age 15 or younger. Coverage includes the purchase of one hearing aid for each hearing-impaired ear every 24 months. Medically necessary services include fittings, examinations, hearing tests, dispensing fees, modifications and repairs, ear molds and headbands for bone-anchored hearing implants. The hearing aid must be recommended or prescribed by a licensed physician or audiologist. Eligible services are covered as follows</p> <ul style="list-style-type: none"> • The hearing aid itself is covered at 100% of the allowance and the deductible does not apply • The visit to determine the need for a hearing aid is covered at 100% of allowance and is subject to the applicable copay. The deductible does not apply
OMNIA HSA Plans	<p>For individual/Consumer members enrolling in the Individual OMNIA HSA plans, the member is responsible to create and fund an HSA account through a financial institution. Horizon BCBSNJ does not coordinate or handle inquires for HSA accounts set up by individual members</p> <p>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</p>

Key Individual Health Plan Benefit Details (continued)

OON Services	There are no OON benefits, except in emergency situations		
Prescription Drug Coverage	Prescription drug coverage is embedded in the medical benefits for Individual/Consumer and Small Employer plans. Eligible drugs are subject to the applicable cost sharing amounts. Prior authorization may be required for certain drugs. The “Classic Formulary for the Health Insurance Marketplace” will be used for all Individual products		
Preventive Services	Preventive services are covered in full and not subject to any copay, deductible or coinsurance		
	<p>Just for Women</p> <ul style="list-style-type: none"> • Well-woman visits • Osteoporosis screenings • HPV DNA test every 3 years • Cervical cancer screenings • BRCA counseling 	<p>Just for Children</p> <ul style="list-style-type: none"> • Developmental screenings • Vision screenings • Newborn hearing screenings • Autism screening • Adolescent depression screenings 	<p>Just for Adults</p> <ul style="list-style-type: none"> • Annual physical • Blood pressure screenings • HIV screenings • Type 2 diabetes • Obesity screening/counseling • and more...
Primary Care Physician	<p>The providers that are considered primary care physicians are:</p> <ul style="list-style-type: none"> • General practitioners • Family practitioners • Internist • Pediatrician 		

Key Individual Health Plan Benefit Details (continued)

Referrals and Authorizations	Referrals are not required on any of the plans. Authorizations are required for certain services. Check CPL to determine if a service requires an authorization.
Telemedicine Consultations	Telemedicine consultations are eligible and are subject to the applicable cost share amounts. We brand this service as Horizon Blue App. Check CPL to determine if the member's plan includes coverage for telemedicine.
Timely Filing	The timely filing limit is 12 months. Claims must be filled no later than one year after the date services were incurred.
Vendor Partner Services	<p>Eligible services arranged through the vendor partners listed below will be reimbursed based on the tier level of the provider.</p> <ul style="list-style-type: none"> • eviCore healthcare (formerly CareCore National, LLC): Radiology/cardiology, radiation therapy and pain management services • Magellan Rx Management (formerly ICORE Healthcare, LLC): Medical injectable, specialty pharmacy, home infusion and dialysis drugs • Behavioral health and substance abuse services. (We will provide vendor information) <p>Eligible services arranged through the vendor partners listed below will be reimbursed at the OMNIA Tier 1 level of benefits</p> <ul style="list-style-type: none"> • American Well: Telemedicine • CareCentrix: DME/At-home medical services

Telemedicine Copays

Horizon is making it easy for consumers to stay in control of their health

With **Horizon CareOnlineSM** members have access to talk with a licensed doctor via video or phone, 24 hrs/day, 7 days/wk. No appointment needed. Simply select a physician and connect.

- **Accessed via Horizon CareOnline**

- Directly on the Member Portal (**HorizonBlue.com**)
- Through the **Horizon Blue App** using Telemedicine

INDIVIDUAL	
Advantage EPO Bronze	\$15 after ded
Advantage EPO Silver	\$15
Advantage EPO Silver - 73	\$10
Advantage EPO Silver - 87	\$5
Advantage EPO Silver - 94	\$5
Advantage EPO Essentials	No charge after ded
OMNIA Bronze	\$15 after ded
OMNIA Silver	\$15
OMNIA Silver - 73	\$15
OMNIA Silver - 87	\$5
OMNIA Silver - 94	\$5
OMNIA Silver HSA	\$5 after ded
OMNIA Silver HSA- 73	\$5 after ded
OMNIA Silver HSA - 87	\$5 after ded
OMNIA Silver HSA - 94	\$5 after ded
OMNIA Silver Value	\$15
OMNIA Silver Value - 73	\$15
OMNIA Silver Value - 87	\$5
OMNIA Silver Value - 94	\$5
OMNIA Gold (w/BlueCard)	\$5
HMO 30	\$15
Value Access Bronze (EPO plan)	\$15 after ded
Value Access Silver (EPO plan)	\$15
Value Access Silver (EPO plan) – 73%	\$15
Value Access Silver (EPO plan) – 87%	\$10
Value Access Silver (EPO plan) – 94%	\$5

New Jersey State Based Exchange Updates

Introduction



- **We will review basic information** that you need to know in order to assist consumers, employers and employees enrolling in Individual Marketplace Qualified Health Plans (QHPs) through the New Jersey State Based Exchange for the 2022 plan year
- **Open Enrollment for 2022** begins on **November 1, 2021** and runs through **January 31, 2022** (consumers who enroll by December 31, 2021 will have an effective date of January 1, 2022)
- **Agents and Brokers should** complete training and registration prior to **October 24, 2021** so that they are able to assist consumers at the start of the Open Enrollment Period

New Jersey Learning Management System

- **Agents previously registered** with Get Covered New Jersey (GCNJ) will receive a notification email from trainer@mindflash.com with the subject line of: **“You've Been Invited to: Get Covered New Jersey New Broker/Agent Training 2022.”**
- **A personalized link to the new GCNJ training system** will allow access to training for returning agents.
- **Agents must complete all training requirements by October 22, 2021** in order to assist consumers beginning November 1, 2021. Agents and brokers will be certified on a rolling basis after October 22, 2021.



GetCoveredNJ Agent Portal

- Agents and brokers who are currently associated to Get Covered New Jersey enrollees will be able to view their list of delegated enrollees on their GCNJ broker dashboard.
- Current GCNJ enrollees will receive several notices informing them about open enrollment, their renewal and any updates to their profile.
- For any consumers who actively shop for coverage during the open enrollment period and select a new health plan, the auto-renewal enrollment would be replaced by their active plan selection.



New Jersey State Based Exchange

- GetCoveredNJBrokers@dobi.nj.gov : Experiencing an issue accessing the NJ Learning Management System or the Get Covered New Jersey Agent Portal
- GetCoveredNJ Broker Assistance Center **833-677-4265 (GetCoveredNJ)**

Hours of Operation

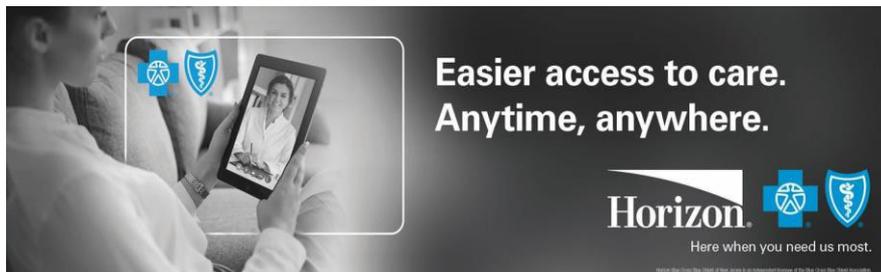
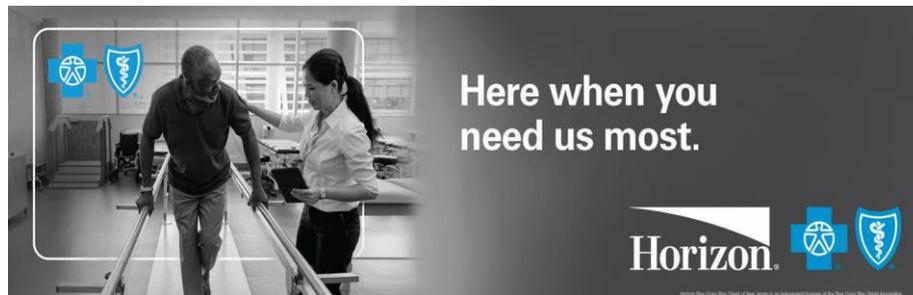
- Pre-Open Enrollment
 - Monday through Friday, 8am – 5pm EST
- Open Enrollment
 - Monday through Friday, 8am – 8pm EST
 - Saturday, 8am – 5pm EST



Marketing Support

Marketing Support

FALL BRAND CAMPAIGN BILLBOARDS



Brand Advertising

- Fall Brand Campaign to be in market on October 11, 2021
- Target Audience: Members
- Media Mix: Video channels of local news, cable, Linear TV, Out of Home, Digital Display, Audio, Video and Social marketing channels to help boost awareness

Marketing Support

FALL BRAND CAMPAIGN TV ADS





QUESTIONS & ANSWERS



Disclaimer

Products and policies may be provided by Horizon Insurance Company may be provided by Horizon Blue Cross Blue Shield of New Jersey, each of which is an independent licensee of the Blue Cross Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols, and Blue365®, BlueCard® are registered marks of the Blue Cross Blue Shield Association. The Horizon® name and symbols and Precious Additions®, and Horizon MyWay® are registered marks and HorizonbFitSM, Horizon Behavioral HealthSM and OMNIASM are services marks of Horizon Blue Cross Blue Shield of New Jersey. Prime Therapeutics LLC supports Horizon Blue Cross Blue Shield of New Jersey in the administration of prescription drug benefits. Prime Therapeutics LLC is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross Blue Shield Association.

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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 Blue Cross Blue Shield of New Jersey for the most current rates. 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 Blue Cross Blue Shield of New Jersey. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Horizon Blue Cross Blue Shield of New Jersey

2022 Individual Products and Programs

