

2022
OVERVIEW

Small Group
Insurance Coverage



Why Horizon

OMNIASM Health Plans

Health Plan Benefits

Medical Plans

OMNIA Health Plans

Advantage EPO Health Plans

Advantage Direct Access Health Plans

Horizon MyWay[®]

Horizon EXPAND

Dental Plans

Voluntary Dental

Vision

Health Plus Plan

Life & Disability

International Medical

Pet Insurance

Quick Resource Guide

At Horizon, we're guiding members to achieve their best health.

With nearly 90 years of helping New Jersey residents get the most out of their health care coverage, Horizon is a leader in providing access to quality health care plans. Plus, we provide tools and support that make navigating health care easier.



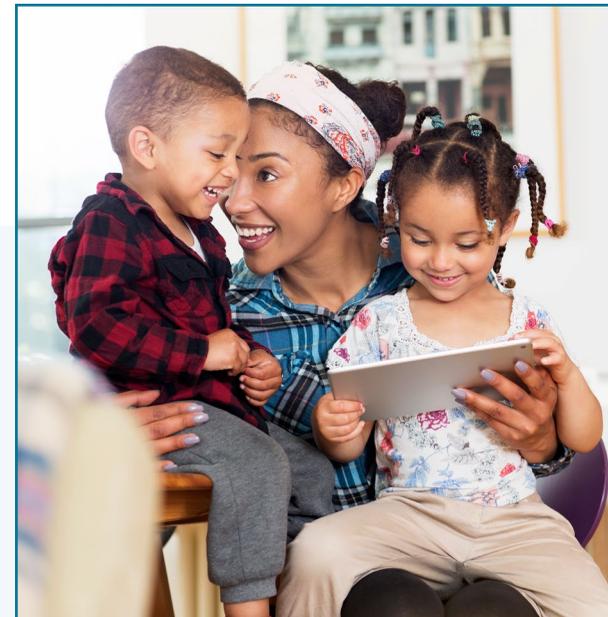
Access to New Jersey's leading doctors, hospitals and health centers



Plans with low copays and low deductibles



Innovative extras like education resources and healthy living discounts



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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With OMNIASM, members can receive health care services nationwide and around the world.¹

Our OMNIA Health Plans that include BlueCard[®] enable you to receive medical care beyond New Jersey. No matter where you are, you can take advantage of savings while getting the care you need. In fact, our OMNIA Silver Plans are some of the most affordably priced plans in New Jersey.

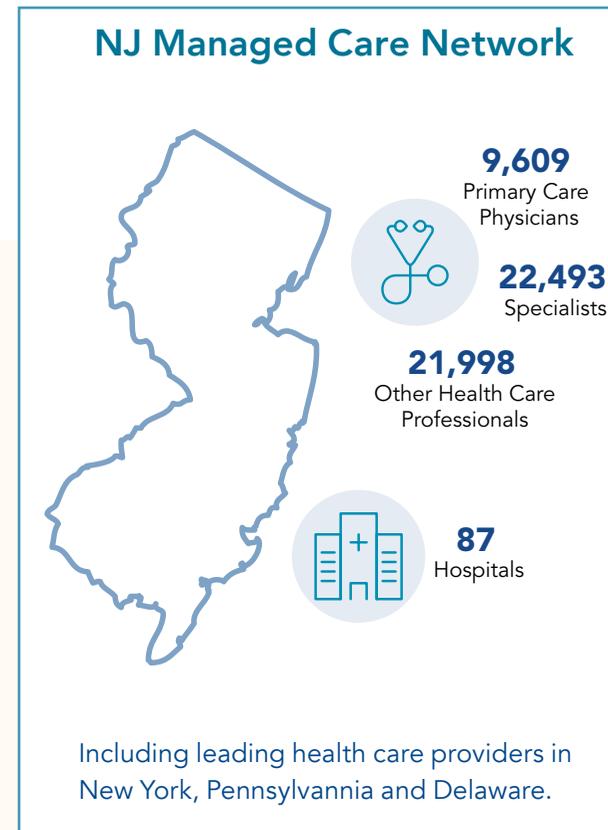
OMNIA Health Plans with BlueCard nationwide coverage offer:



Low copays and deductibles with OMNIA Tier 1 doctors and hospitals²



Coverage for over 90% of the nation's doctors and hospitals in every U.S. Zip code at the Tier 2 level.¹



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

1. Blue Cross and Blue Shield (BCBS) Fact Sheet, July 2021
2. No referrals needed

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We're making good health care more convenient.



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

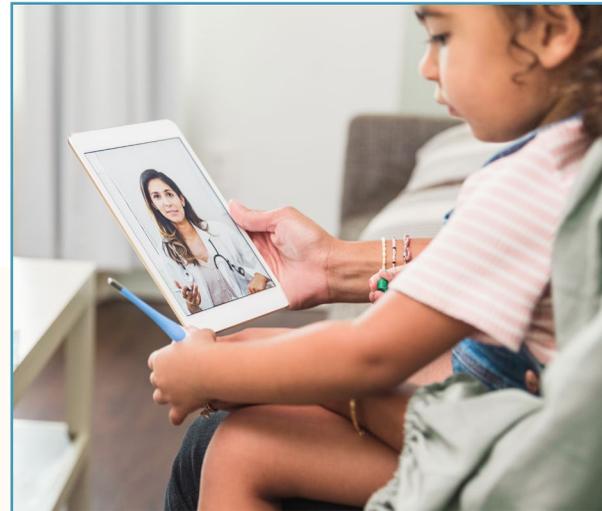
We have more ways to connect with U.S. board-certified, licensed doctors. You can use the [Horizon Blue app](#), video, chat or phone, 24 hours a day, seven days a week.



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.



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.



Well Care and Preventative Care

Services such as an annual physical and gynecological exam, 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*

*Only included with OMNIA membership



Horizon Blue App

Locate in-network doctors, video chat with doctors, get quick claim status updates, and view and print member ID Cards all within the app.



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.



Doctor & Hospital Finder

This tool makes it easy to find a health care provider or hospital that matches your needs. You can even create your own directory, view street maps and get door-to-door directions.



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.



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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2022 BENEFITS	OMNIA Platinum		OMNIA Platinum Value		OMNIA Gold with Blue Card		OMNIA Gold HSA with BlueCard*			
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2		
GENERAL PROVISIONS	Out-of-State Coverage	n/a	n/a	n/a	n/a	n/a	at Tier 2	Yes	at Tier 2	Yes
	Individual Deductible	\$0	\$1,000	\$250	\$1,500	\$1,000	\$1,500	\$1,750	\$2,000	
	Family Deductible	\$0	\$2,000	\$500	\$3,000	\$2,000	\$3,000	\$3,500	\$4,000	
	Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Individual Maximum Out-of-Pocket	\$2,000	\$3,200	\$4,000	\$5,300	\$5,800	\$7,500	\$4,500	\$6,600	
	Family Maximum Out-of-Pocket	\$4,000	\$6,400	\$8,000	\$10,600	\$11,600	\$15,000	\$9,000	\$13,200	
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$30 copay	Deductible	Ded then 20% coin	
	Specialist Visits & Consultations	\$15 copay	\$35 copay	\$20 copay	\$35 copay	\$40 copay	\$50 copay	Deductible	Ded then 20% coin	
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	No charge	No charge	Deductible	Deductible	
	Lab Office Visit	No charge	No charge	No charge	No charge	No charge	No charge	Deductible	Deductible	
	Radiology Office Visit	\$10 PCP copay or \$15 specialist copay	\$15 PCP copay or \$35 specialist copay	\$10 PCP copay or \$20 specialist copay	\$15 PCP copay or \$35 specialist copay	\$20 PCP copay or \$40 specialist copay	\$30 PCP copay or \$50 specialist copay	Deductible	Ded then 20% coin	
	Lab/Radiology Outpatient	No charge	Ded then 30% coin	\$15 copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
	Complex Imaging Outpatient**	\$15 copay	Ded then 30% coin	Ded then \$15 copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
	Complex Imaging Freestanding**	\$15 copay	n/a	\$15 copay	n/a	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
PHARMACY SERVICES	Generic Drugs	\$5 copay (retail) \$10 copay (mail order)	\$5 copay (retail) \$10 copay (mail order)	\$10 copay (retail) \$20 copay (mail order)	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)				
	Preferred Brand Drugs	\$15 copay (retail) \$30 copay (mail order)	\$15 copay (retail) \$30 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	\$40 copay (retail) \$80 copay (mail order)	\$40 copay (retail) \$80 copay (mail order)	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	
	Non-Preferred Brand Drugs & Specialty Drugs	\$30 copay (retail) \$60 copay (mail order)	\$30 copay (retail) \$60 copay (mail order)	\$50 copay (retail) \$100 copay (mail order)	\$50 copay (retail) \$100 copay (mail order)	\$75 copay (retail) \$150 copay (mail order)	\$75 copay (retail) \$150 copay (mail order)	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay & ded then 25% coin	\$100 copay & ded then 25% coin	Ded then 80% coin	Ded then 80% coin	
	ER Professional	No charge	No charge	No charge	No charge	Ded then 25% coin	Ded then 25% coin	Ded then 80% coin	Ded then 80% coin	
	Medical Transportation	No charge	n/a	Ded then no charge	n/a	Ded then no charge	Ded then 40% coin	Deductible	Ded then 20% coin	
	Urgent Care Center	\$30 copay	\$70 copay	\$40 copay	\$70 copay	\$75 copay	\$75 copay	Deductible	Ded then 20% coin	
HOSPITAL SERVICES	Outpatient Hospital & Physician	\$15 copay	Ded then 30% coin	Ded then \$15 copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
	Inpatient Hospital	\$300 per day copay	Ded then 30% coin	Ded then \$450 per day copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
	Physician/Surgeon	No charge	Ded then 30% coin	Ded then no charge	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
OCCUPATIONAL/ PHYSICAL THERAPY	Office	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	Deductible	Ded then 20% coin	
	Outpatient	\$15 copay	Ded then 30% coin	Ded then \$15 copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
MATERNITY SERVICES	Delivery & All Inpatient Services	\$300 per day copay	Ded then 30% coin	Ded then \$450 per day copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
OTHER SERVICES	In-Home Health Care	\$5 copay	n/a	\$5 copay	n/a	\$10 copay	\$15 copay	Deductible	Ded then 20% coin	
	Rehabilitation, Hospice & Skilled Nursing Care*** – Inpatient	\$300 per day copay	Ded then 30% coin	Ded then \$450 per day copay	Ded then 40% coin	Ded then 25% coin	Ded then 40% coin	Deductible	Ded then 20% coin	
	Durable Medical Equipment	50% coin	n/a	50% coin	n/a	50% coin	50% coin	Ded then 50% coin	Ded then 50% coin	
	Chiropractic Care – 30 Visits Per Year Maximum	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$30 copay	Deductible	Ded then 20% coin	
	Virtual PCP/Specialist Visits	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$10 copay	\$15 copay	Deductible	Ded then 20% coin	

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

*Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.

**Complex Imaging includes CT/PET Scans, MRIs.

*** For 2022 all Hospice & Skilled Nursing providers are Tier 1 except BlueCard providers. All BlueCard providers are Tier 2.

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2022 BENEFITS	OMNIA Gold		OMNIA Silver BlueCard*		OMNIA Silver		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
GENERAL PROVISIONS	Out-of-State Coverage	n/a	n/a	at Tier 2	Yes	n/a	n/a
	Individual Deductible	\$500	\$2,500	\$1,900	\$2,250	\$1,300	\$2,500
	Family Deductible	\$1,000	\$5,000	\$3,800	\$4,500	\$2,600	\$5,000
	Individual Drug Deductible	\$250	\$250	\$250	\$350	\$250	\$250
	Family Drug Deductible	\$500	\$500	\$500	\$700	\$500	\$500
	Individual Maximum Out-of-Pocket	\$5,400	\$7,600	\$8,550	\$8,550	\$8,700	\$8,700
	Family Maximum Out-of-Pocket	\$10,800	\$15,200	\$17,100	\$17,100	\$17,400	\$17,400
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$10 copay	Ded then \$30 copay	\$30 copay	\$40 copay	\$30 copay	Ded then 50% coin
	Specialist Visits & Consultations	\$25 copay	Ded then \$50 copay	\$40 copay	\$60 copay	\$60 copay	Ded then 50% coin
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	No charge	No charge
	Lab Office Visit	No charge	No charge	No charge	No charge	No charge	No charge
	Radiology Office Visit	\$10 PCP copay or \$25 specialist copay	Ded then \$30 PCP copay or Ded then \$50 specialist copay	\$30 PCP copay or \$40 specialist copay	\$40 PCP copay or \$60 specialist copay	\$30 PCP copay or \$60 specialist copay	Ded then 50% coin
	Lab/Radiology Outpatient	Ded then \$30 copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$100 copay	Ded then 50% coin
	Complex Imaging Outpatient**	Ded then \$30 copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$100 copay	Ded then 50% coin
	Complex Imaging Freestanding**	\$30 copay	n/a	Ded then 35% coin	Ded then 45% coin	\$100 copay	n/a
PHARMACY SERVICES	Generic Drugs	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)	Ded then \$25 copay (retail) Ded then \$50 copay (mail order)	Ded then \$25 copay (retail) Ded then \$50 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)
	Preferred Brand Drugs	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin ¹	Ded then 50% coin ¹
	Non-Preferred Brand Drugs & Specialty Drugs	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin ¹	Ded then 50% coin ¹
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copay & ded	\$100 copay & ded	\$100 copay & ded then 35% coin	\$100 copay & ded then 35% coin	\$100 copay & ded	\$100 copay & ded
	ER Professional	Deductible	Deductible	Ded then 35% coin	Ded then 35% coin	Deductible	Deductible
	Medical Transportation	Ded then no charge	n/a	Ded then no charge	Ded then 45% coin	Ded then no charge	n/a
	Urgent Care Center	\$50 copay	Ded then \$75 copay	\$75 copay	\$75 copay	\$75 copay	Ded then 50% coin
HOSPITAL SERVICES	Outpatient Hospital & Physician	Ded then \$20 copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$50 copay	Ded then 50% coin
	Inpatient Hospital	Ded then \$500 per day copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$500 per day copay	Ded then 50% coin
	Physician/Surgeon	Deductible	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Deductible	Ded then 50% coin
OCCUPATIONAL/ PHYSICAL THERAPY	Office	\$10 copay	Ded then \$30 copay	\$30 copay	\$30 copay	\$30 copay	Ded then 50% coin
	Outpatient	Ded then \$20 copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$50 copay	Ded then 50% coin
MATERNITY SERVICES	Delivery & All Inpatient Services	Ded then \$500 per day copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$500 per day copay	Ded then 50% coin
OTHER SERVICES	In-Home Health Care	\$5 copay	n/a	\$15 copay	\$20 copay	\$15 copay	n/a
	Rehabilitation, Hospice & Skilled Nursing Care*** – Inpatient	Ded then \$500 per day copay	Ded then 30% coin	Ded then 35% coin	Ded then 45% coin	Ded then \$500 per day copay	Ded then 50% coin
	Durable Medical Equipment	Ded then 50% coin	n/a	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	n/a
	Chiropractic Care – 30 Visits Per Year Maximum	\$10 copay	Ded then \$30 copay	\$30 copay	\$30 copay	\$30 copay	Ded then 50% coin
	Virtual PCP/Specialist Visit	\$5 copay	Ded then \$15 copay	\$15 copay	\$15 copay	\$15 copay	Ded then 50% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.
 *Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.
 **Complex Imaging includes CT/PET Scans, MRIs.
 *** For 2022 all Hospice & Skilled Nursing providers are Tier 1 except BlueCard providers. All BlueCard providers are Tier 2.
 1. \$250 max per script for a 1-30 day supply

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2022 BENEFITS	OMNIA Silver HSA*		OMNIA Silver Value		OMNIA Bronze		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
GENERAL PROVISIONS	Out-of-State Coverage	n/a	n/a	n/a	n/a	n/a	
	Individual Deductible	\$1,850	\$2,500	\$2,300	\$2,500	\$3,000	\$3,000
	Family Deductible	\$3,700	\$5,000	\$4,600	\$5,000	\$6,000	\$6,000
	Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Individual Maximum Out-of-Pocket	\$6,900	\$6,900	\$8,300	\$8,700	\$8,700	\$8,700
	Family Maximum Out-of-Pocket	\$13,800	\$13,800	\$16,600	\$17,400	\$17,400	\$17,400
HEALTH CARE SERVICES	PCP Office Visits & Consultations	Ded then \$10 copay	Ded then \$25 copay	\$35 copay	Ded then 50% coin	Ded then \$50 copay	Ded then 50% coin
	Specialist Visits & Consultations	Ded then \$20 copay	Ded then \$50 copay	\$75 copay	Ded then 50% coin	Ded then \$75 copay	Ded then 50% coin
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	Deductible	Deductible	No charge	No charge	No charge	No charge
	Lab Office Visit	Deductible	Deductible	No charge	No charge	No charge	No charge
	Radiology Office Visit	Ded then \$10 PCP copay or Ded then \$20 specialist copay	Ded then \$25 PCP copay or Ded then \$50 specialist copay	\$35 PCP copay or \$75 specialist copay	Ded then 50% coin	Ded then \$50 PCP copay or Ded then \$75 specialist copay	Ded then 50% coin
	Lab/Radiology Outpatient	Ded then \$25 copay	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin
	Complex Imaging Outpatient**	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin
	Complex Imaging Freestanding**	Ded then 20% coin	n/a	Ded then 50% coin	n/a	Ded then 50% coin	n/a
PHARMACY SERVICES	Generic Drugs	Ded then 40% coin	Ded then 40% coin	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)	Ded then \$10 copay (retail) Ded then \$20 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)
	Preferred Brand Drugs	Ded then 40% coin	Ded then 40% coin	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	Ded then \$40 copay (retail) Ded then \$80 copay (mail order)	Ded then 50% coin	Ded then 50% coin
	Non-Preferred Brand Drugs & Specialty Drugs	Ded then 40% coin	Ded then 40% coin	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	Ded then \$75 copay (retail) Ded then \$150 copay (mail order)	Ded then 50% coin	Ded then 50% coin
EMERGENCY/URGENT MEDICAL SERVICES	ER Hospital	Ded then \$100 copay & 20% coin	Ded then \$100 copay & 20% coin	\$100 copay & ded then 50% coin	\$100 copay & ded then 40% coin	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin
	ER Professional	Ded then 20% coin	Ded then 20% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 50% coin
	Medical Transportation	Ded then 20% coin	n/a	Ded then no charge	n/a	Ded then no charge	n/a
	Urgent Care Center	Ded then \$40 copay	Ded then \$75 copay	Ded then 50% coin	Ded then 50% coin	Ded then \$75 copay	Ded then 50% coin
HOSPITAL SERVICES	Outpatient Hospital & Physician	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin
	Inpatient Hospital	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then \$500 per day copay	Ded then 50% coin
	Physician/Surgeon	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then no charge	Ded then 50% coin
OCCUPATIONAL/PHYSICAL THERAPY	Office	Ded then \$10 copay	Ded then \$25 copay	\$35 copay	Ded then 50% coin	Ded then \$40 copay	Ded then 50% coin
	Outpatient	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin
MATERNITY SERVICES	Delivery & All Inpatient Services	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then \$500 per day copay	Ded then 50% coin
OTHER SERVICES	In-Home Health Care	Ded then \$5 copay	n/a	\$15 copay	n/a	Ded then \$25 copay	n/a
	Rehabilitation, Hospice & Skilled Nursing Care*** – Inpatient	Ded then 20% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin	Ded then \$500 per day copay	Ded then 50% coin
	Durable Medical Equipment	Ded then 50% coin	n/a	Ded then 50% coin	n/a	Ded then 50% coin	n/a
	Chiropractic Care – 30 Visits Per Year Maximum	Ded then \$10 copay	Ded then \$25 copay	\$30 copay	Ded then 50% coin	Ded then \$30 copay	Ded then 50% coin
	Virtual PCP/Specialist Visit	Ded then \$5 copay	Ded then \$10 copay	\$15 copay	Ded then 50% coin	Ded then \$15 copay	Ded then 50% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

*Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.

**Complex Imaging includes CT/PET Scans, MRIs.

*** For 2022 all Hospice & Skilled Nursing providers are Tier 1 except BlueCard providers. All BlueCard providers are Tier 2

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2022 BENEFITS		Gold 100% C25/45	Gold 100% C40/60	Gold 100/80	Silver 100/70	Silver 100/50	Bronze 50
GENERAL PROVISIONS	Out-of-State Coverage	Optional*	Optional*	Optional*	Optional*	Optional*	Optional*
	Individual Deductible	\$0	\$0	\$1,250	\$2,450	\$2,200	\$3,000
	Family Deductible	\$0	\$0	\$2,500	\$4,900	\$4,400	\$6,000
	Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Individual Maximum Out-of-Pocket	\$5,500	\$5,000	\$6,650	\$8,150	\$8,350	\$8,700
	Family Maximum Out-of-Pocket	\$11,000	\$10,000	\$13,300	\$16,300	\$16,700	\$17,400
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$25 copay	\$40 copay	\$20 copay	\$45 copay	\$30 copay	Ded then 50% coin
	Specialist Visits & Consultations	\$45 copay	\$60 copay	\$40 copay	\$70 copay	\$60 copay	Ded then 50% coin
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	No charge	No charge
	Lab Office Visit	No charge	No charge	No charge	No charge	No charge	No charge
	Radiology Office Visit	\$25 PCP copay or \$45 specialist copay	\$40 PCP copay or \$60 specialist copay	\$20 PCP copay or \$40 specialist copay	\$45 PCP copay or \$70 specialist copay	\$30 PCP copay or \$60 specialist copay	Ded then 50% coin
	Lab/Radiology Outpatient	\$100 copay	\$100 copay	\$50 copay	\$100 copay	\$100 copay	Ded then \$100 copay
	Complex Imaging Outpatient**	\$100 copay	\$100 copay	\$50 copay	Ded then \$100 copay	Ded then \$100 copay	Ded then 50% coin
	Complex Imaging Freestanding**	No charge	No charge	No charge	No charge	No charge	Ded then 50% coin
PHARMACY SERVICES	Generic Drugs	\$25 copay (retail) \$50 copay (mail order)	\$15 copay (retail) \$30 copay (mail order)	\$10 copay (retail) \$20 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)
	Preferred Brand Drugs	\$50 copay (retail) \$100 copay (mail order)	40% coin	\$25 copay (retail) \$50 copay (mail order)	\$50 copay (retail) \$100 copay (mail order)	\$50 copay (retail) \$100 copay (mail order)	Ded then 50% coin**
	Non-Preferred Brand Drugs & Specialty Drugs	\$75 copay (retail) \$150 copay (mail order)	50% coin	\$50 copay (retail) \$100 copay (mail order)	\$75 copay (retail) \$150 copay (mail order)	\$75 copay (retail) \$150 copay (mail order)	Ded then 50% coin**
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copay	\$100 copay	\$100 copay & ded then 20% coin	\$100 copay & ded then 30% coin	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin
	ER Professional	No charge	No charge	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then 50% coin
	Medical Transportation	No charge	No charge	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then no charge
	Urgent Care Center	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	Ded then 50% coin
HOSPITAL SERVICES	Outpatient Hospital & Physician	\$45 copay	\$50 copay	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then 50% coin
	Inpatient Hospital	\$500 per day copay	\$500 per day copay	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then \$100 per day copay
	Physician/Surgeon	No charge	No charge	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then no charge
OCCUPATIONAL/ PHYSICAL THERAPY	Office	\$25 copay	\$40 copay	\$20 copay	\$40 copay	\$30 copay	Ded then 50% coin
	Outpatient	\$45 copay	\$50 copay	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then 50% coin
MATERNITY SERVICES	Delivery & All Inpatient Services	\$500 per day copay	\$500 per day copay	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then \$100 per day copay
OTHER SERVICES	In-Home Health Care	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$15 copay	Ded then 50% coin
	Rehabilitation, Hospice & Skilled Nursing Care – Inpatient	\$500 per day copay	\$500 per day copay	Ded then 20% coin	Ded then 30% coin	Ded then 50% coin	Ded then \$100 per day copay
	Durable Medical Equipment	50% coin	50% coin	50% coin	50% coin	50% coin	Ded then 50% coin
	Chiropractic Care – 30 Visits Per Year Maximum	\$25 copay	\$30 copay	\$20 copay	\$30 copay	\$30 copay	Ded then 50% coin
	Virtual PCP/Specialist Visit	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	Ded then 50% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

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**Complex Imaging includes CT/PET Scans, MRIs.

***Advantage EPO Bronze Preferred and Non-Preferred Brand drugs subject to a \$250 maximum per script.

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2022 BENEFITS	Platinum 100/70		Gold 100/80/60		Silver HSA 100/70/60		
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
GENERAL PROVISIONS	Out-of-State Coverage		Yes*		Yes*		
	Individual Deductible	\$0	\$1,500	\$2,000	\$4,000	\$1,675	\$3,000
	Family Deductible	\$0	\$3,000	\$4,000	\$8,000	\$3,350	\$6,000
	Individual Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Family Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a
	Individual Maximum Out-of-Pocket	\$3,000	\$6,000	\$5,000	\$8,000	\$6,850	\$8,000
	Family Maximum Out-of-Pocket	\$6,000	\$12,000	\$10,000	\$16,000	\$13,700	\$16,000
HEALTH CARE SERVICES	PCP Office Visits & Consultations	\$20 copay	Ded then 30% coin	\$30 copay	Ded then 40% coin	Ded then \$30 copay	Ded then 40% coin
	Specialist Visits & Consultations	\$40 copay	Ded then 30% coin	\$50 copay	Ded then 40% coin	Ded then \$50 copay	Ded then 40% coin
DIAGNOSTIC TESTING AND IMAGING	Lab/Radiology Freestanding	No charge	Ded then 30% coin	No charge	Ded then 40% coin	Deductible	Ded then 40% coin
	Lab Office Visit	No charge	Ded then 30% coin	No charge	Ded then 40% coin	Deductible	Ded then 40% coin
	Radiology Office Visit	No charge	Ded then 30% coin	\$30 PCP copay or \$50 specialist copay	Ded then 40% coin	Ded then \$30 PCP copay or Ded then \$50 specialist copay	Ded then 40% coin
	Lab/Radiology Outpatient	No charge	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Complex Imaging Outpatient**	No charge	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Complex Imaging Freestanding**	No charge	Ded then 30% coin	No charge	Ded then 40% coin	Deductible	Ded then 40% coin
PHARMACY SERVICES	Generic Drugs		\$10 copay (retail) \$20 copay (mail order)		\$15 copay (retail) \$30 copay (mail order)		Ded then 40% coin
	Preferred Brand Drugs		\$25 copay (retail) \$50 copay (mail order)		\$40 copay (retail) \$80 copay (mail order)		Ded then 40% coin
	Non-Preferred Brand Drugs & Specialty Drugs		\$50 copay (retail) \$100 copay (mail order)		\$75 copay (retail) \$150 copay (mail order)		Ded then 40% coin
EMERGENCY/ URGENT MEDICAL SERVICES	ER Hospital	\$100 copay	\$100 copay	\$100 copay & ded then 20% coin	\$100 copay & ded then 20% coin	Ded then \$100 copay & 30% coin	Ded then \$100 copay & 30% coin
	ER Professional	No charge	No charge	Ded then 20% coin	Ded then 20% coin	Ded then 30% coin	Ded then 30% coin
	Medical Transportation	No charge	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Urgent Care Center	\$75 copay	Ded then 30% coin	\$75 copay	Ded then 40% coin	Ded then \$75 copay	Ded then 40% coin
HOSPITAL SERVICES	Outpatient Hospital & Physician	\$40 copay	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Inpatient Hospital	\$250 per day copay	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Physician/Surgeon	No charge	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
OCCUPATIONAL/ PHYSICAL THERAPY	Office	\$20 copay	Ded then 30% coin	\$30 copay	Ded then 40% coin	Ded then \$30 copay	Ded then 40% coin
	Outpatient	\$40 copay	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
MATERNITY SERVICES	Delivery & All Inpatient Services	\$250 per day copay	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
OTHER SERVICES	In-Home Health Care	\$10 copay	Ded then 30% coin	\$15 copay	Ded then 40% coin	Ded then \$15 copay	Ded then 40% coin
	Rehabilitation, Hospice & Skilled Nursing Care – Inpatient	\$250 per day copay	Ded then 30% coin	Ded then 20% coin	Ded then 40% coin	Ded then 30% coin	Ded then 40% coin
	Durable Medical Equipment	50% coin	Ded then 50% coin	50% coin	Ded then 50% coin	Ded then 50% coin	Ded then 50% coin
	Chiropractic Care – 30 Visits Per Year Maximum	\$20 copay	Ded then 30% coin	\$30 copay	Ded then 50% coin	Ded then \$30 copay	Ded then 40% coin
	Virtual PCP/Specialist	\$10 copay	Ded then 30% coin	\$15 copay	Ded then 40% coin	Ded then \$15 copay	Ded then 40% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

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Horizon MyWay^{®*}

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.

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.

Easy-to-use 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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Horizon MyWay®

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

Quick Comparison	HSA	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	\$3,650	\$2,750
Family	\$7,300	
FSA Dependent Care		\$5,000

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 HorizonBlue.com/myway

Source: IRS.gov

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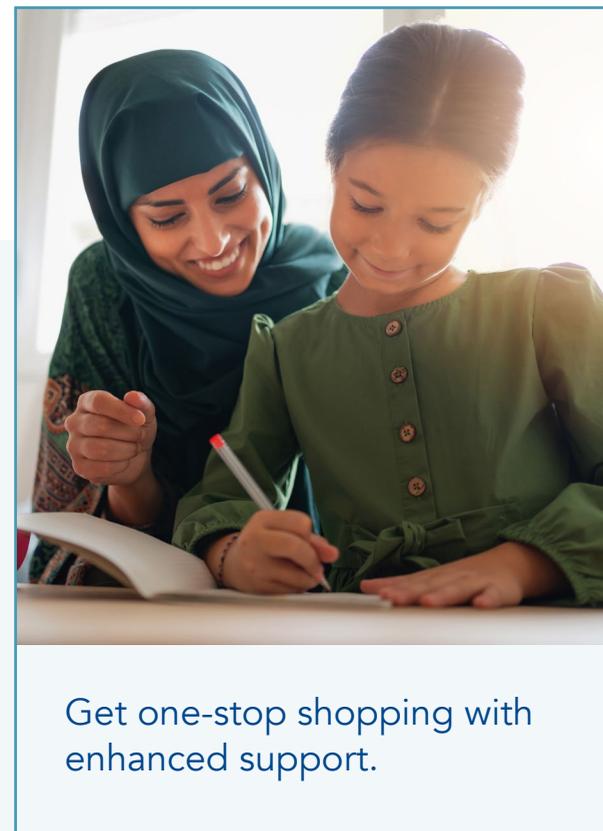
- Dental Plans
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- International Medical
- Pet Insurance

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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:

- Dental
- Voluntary Dental
- Vision
- Health Plus Plan
- Life & Disability
- International Medical Coverage
- Pet Insurance



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

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- Pet Insurance

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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 Young Grins

Pediatric essentials plan; ACA Compliant

Horizon Family Grins & Horizon Family Grins Plus

For parents & children; ACA Compliant

Horizon Dental Option Plan (DOP)

Provides access to the largest Horizon dental network and includes both in- and out-of-network benefits

Horizon Dental PPO Plan

Includes both in- and out-of-network benefits; lowest fees available through our Horizon Dental PPO network

Horizon Healthy Smiles & Horizon Healthy Smiles Plus

No out-of-network benefits; comprehensive coverage with access to our largest networks

Horizon Dental PPO Access Plan & Horizon Dental Companion Plan

Lowest fees available when choosing a dentist through our Horizon Dental PPO Network; plans cover preventive and diagnostic at 100%; all other services are at a discount



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

For more information, visit HorizonBlue.com/dental.

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2022 Dental Plan Small Group Guide



Horizon Young Grins	
Coverage Type	Pediatric In-Network (under 19)
Preventive (cleanings, oral exams, bitewing X-rays)	100% after deductible
Basic (fillings, extractions)	80% after deductible
Major (bridges, dentures, crowns)	50% after deductible
Cosmetic Orthodontia (under 19 only)	n/a
Preventive Deductible per individual	\$25
Basic & Major Deductible Per Individual/Family	\$100/\$200
Annual Maximum	n/a
Out-of-Pocket Maximum	\$375 individual* \$750 family*
Dependent Eligibility	End of month they turn age 19

Horizon Family Grins		
Coverage Type	Pediatric In-Network (under 19)	Adult In-Network (19 and over)
Preventive (cleanings, oral exams, bitewing X-rays)	100% after deductible	100%
Basic (fillings, extractions)	80% after deductible	Discount (eligible services only)
Major (bridges, dentures, crowns)	50% after deductible	Discount (eligible services only)
Cosmetic Orthodontia (under 19 only)	50% \$1000 lifetime maximum	n/a
Preventive Deductible per individual	\$25	\$0
Basic & Major Deductible Per Individual/Family	\$100/\$200	n/a
Annual Maximum	n/a	n/a
Out-of-Pocket Maximum	\$375 individual* \$750 family*	n/a
Dependent eligibility	End of month they turn age 26	

Horizon Family Grins Plus			
Coverage Type	Pediatric In-Network (under 19)	Adult In-Network (19 and over)	Adult Out-of-Network ¹ (19 and over)
Preventive (cleanings, oral exams, bitewing X-rays)	100% after deductible	100%	100%
Basic (fillings, extractions)	80% after deductible	80% after deductible	80% after deductible
Major (bridges, dentures, crowns)	50% after deductible	50% after deductible	50% after deductible
Cosmetic Orthodontia (under 19 only)	50% \$1000 lifetime maximum	n/a	n/a
Preventive Deductible per individual	\$25	\$0	\$0
Basic & Major Deductible Per Individual/Family	\$100/\$200	\$50/\$150	\$50/\$150 combined with in network
Annual Maximum	n/a	\$1500*	\$1500* combined with in network
Out-of-Pocket Maximum	\$375 individual* \$750 family*	n/a	n/a
Dependent Eligibility	End of month they turn age 26		

*These values are new for 2022.
 1. Payment is based upon the Horizon allowance and the provider may bill the member up to charges. This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon 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. 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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Plan Type	Horizon Dental Option Plan (DOP)	Horizon Dental PPO	Horizon Healthy Smiles Plans
Network	12,000 in NJ/376,000 nationwide	9,000 in NJ/329,000 nationwide	Healthy Smiles: 9,000 in NJ/329,000 nationwide Healthy Smiles Plus: 12,000 in NJ/376,000 nationwide
Underwriting Guidelines			
Participation: 2-9 Eligible Employees	100% ¹	100% ¹	100% ¹
Participation: 10-50 Eligible Employees	75% ¹	75% ¹	75% ¹
Minimum Employer Contribution	The single rate or 50% of total premium	The single rate or 50% of total premium	The single rate or 50% of total premium
New Business Effective Dates	1st and 15th of the month	1st and 15th of the month	1st and 15th of the month
Group Size Requirement	2 eligible/2 enrolled ²	2 eligible/2 enrolled ²	2 eligible/2 enrolled ²
Annual Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Options	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000
Coinsurance Options Available: Preventive/Diagnostic/Basic/Major	100%/80%/50%, 100%/100%/50%	100%/80%/50%	80%/50%/50%, 100%/80%/50%
Dependent Eligibility	Dependent age to 19 and full-time students to 23	Dependent age to 19 and full-time students to 23	Dependent to age 26
Orthodontics			
Cosmetic Orthodontia for Under 19 Only (50% coinsurance)	No ortho, or \$750 or \$1000 lifetime maximum	No ortho or \$750 lifetime maximum	No ortho or \$1000 lifetime maximum
Orthodontia Eligibility (groups must have more than 5 employees)	Group size of 5 or more	Group size of 5 or more	Group size of 2 or more

1. Includes spousal waivers.

2. Will write down to one (1) when medical has one (1) enrolled. Participation requirement must still be met.

Number of participating office locations is approximate and may vary across plans.
Call Member Services at **1-800-4DENTAL (433-6825)** to verify dentists' continued participation.

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2022 Dental Plan Small Group Guide



Plan Type	Horizon Dental PPO Access	Horizon Dental Companion
Network	Over 10,000 participating dental offices within NJ, NY, DE and PA	Over 10,000 participating dental offices within NJ, NY, DE and PA
Underwriting Guidelines		
Participation: 2-9 Employees	100% ¹	Must match medical
Participation: 10-50 Employees	75% ¹	Must match medical
Benefit Waiting Periods	n/a	n/a
Minimum Employer Contribution	The single rate or 50% of total premium	Must match medical
New Business Effective Dates	1st and 15th of the month	1st and 15th of the month
Group Size Requirement	2 eligible/2 enrolled ²	Must match medical
Annual Deductible Options	None	None
Annual Maximum Options	No maximum	No maximum
Eligible Preventive Services (exams, X-rays, cleanings and sealants)	100%	100%
Eligible Basic Service Options (root canals, periodontal and extractions)	Silver fillings and space maintainers 100%; discounted fee for all other eligible basic services (in-network benefit only)	Silver fillings and space maintainers 100%; discounted fee for all other eligible basic services (in-network benefit only)
Eligible Major Service Options (crowns, bridges and dentures)	Discounted fee (in-network benefit only)	Discounted fee (in-network benefit only)
Dependent Eligibility	Dependent age to 19 and full time student(s) to 23	End of month they turn 26
Orthodontia Eligibility and Benefits	Group(s) with 2+ employees	Group(s) with 2+ employees

1. Includes spousal waivers.

2. Will write down to one (1) when medical has one (1) enrolled. Participation requirement must still be met.

Number of participating office locations is approximate and may vary across plans.
Call Member Services at **1-800-4DENTAL (433-6825)** to verify dentists' continued participation.

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2022 Dental Plan Small Group Rates

PREMIUMS ARE BASED ON THE AGE OF MEMBERS AND TERRITORY



Horizon Young Grins						
2022 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.18	\$22.02	\$22.82	\$22.18	\$22.08	\$26.48
15	\$21.19	\$23.12	\$23.96	\$23.29	\$23.19	\$27.80
16	\$21.41	\$23.36	\$24.21	\$23.54	\$23.43	\$28.10
17	\$20.71	\$22.59	\$23.41	\$22.76	\$22.66	\$27.17
18	\$19.05	\$20.78	\$21.54	\$20.94	\$20.85	\$25.00

Horizon Family Grins						
2022 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.86	\$22.76	\$23.59	\$22.93	\$22.82	\$27.37
15	\$21.90	\$23.89	\$24.77	\$24.07	\$23.97	\$28.74
16	\$22.13	\$24.15	\$25.03	\$24.33	\$24.22	\$29.04
17	\$21.40	\$23.35	\$24.20	\$23.52	\$23.42	\$28.08
18	\$19.69	\$21.48	\$22.27	\$21.64	\$21.55	\$25.84

Horizon Family Grins Plus						
2022 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.86	\$22.76	\$23.59	\$22.93	\$22.82	\$27.37
15	\$21.90	\$23.89	\$24.77	\$24.07	\$23.97	\$28.74
16	\$22.13	\$24.15	\$25.03	\$24.33	\$24.22	\$29.04
17	\$21.40	\$23.35	\$24.20	\$23.52	\$23.42	\$28.08
18	\$19.69	\$21.48	\$22.27	\$21.64	\$21.55	\$25.84

2022 Adult Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
19-22	\$12.94	\$13.68	\$13.83	\$13.54	\$12.93	\$13.90
23-24	\$12.64	\$13.36	\$13.50	\$13.22	\$12.62	\$13.58
25-29	\$13.08	\$13.83	\$13.98	\$13.69	\$13.07	\$14.05
30-34	\$13.31	\$14.06	\$14.22	\$13.92	\$13.29	\$14.29
35-39	\$13.44	\$14.20	\$14.36	\$14.06	\$13.42	\$14.44
40-44	\$13.49	\$14.26	\$14.41	\$14.11	\$13.47	\$14.49
45-49	\$13.57	\$14.34	\$14.50	\$14.20	\$13.55	\$14.58
50-54	\$13.73	\$14.51	\$14.67	\$14.37	\$13.71	\$14.75
55-59	\$13.93	\$14.72	\$14.88	\$14.57	\$13.91	\$14.96
60-63	\$14.17	\$14.98	\$15.14	\$14.83	\$14.15	\$15.22
64+	\$14.21	\$15.02	\$15.18	\$14.87	\$14.19	\$15.26

2022 Adult Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
19-22	\$24.93	\$26.34	\$26.62	\$26.08	\$24.89	\$26.77
23-24	\$22.59	\$23.88	\$24.13	\$23.64	\$22.56	\$24.27
25-29	\$28.15	\$29.75	\$30.07	\$29.45	\$28.11	\$30.24
30-34	\$29.56	\$31.24	\$31.58	\$30.93	\$29.52	\$31.75
35-39	\$30.16	\$31.87	\$32.21	\$31.55	\$30.12	\$32.39
40-44	\$31.67	\$33.47	\$33.83	\$33.14	\$31.63	\$34.02
45-49	\$33.90	\$35.83	\$36.21	\$35.47	\$33.85	\$36.41
50-54	\$38.47	\$40.65	\$41.09	\$40.24	\$38.41	\$41.31
55-59	\$41.53	\$43.89	\$44.36	\$43.45	\$41.47	\$44.60
60-63	\$45.83	\$48.44	\$48.96	\$47.95	\$45.77	\$49.23
64+	\$47.18	\$49.86	\$50.39	\$49.35	\$47.11	\$50.67

Territory	
Area	Counties
Territory A	Essex, Hudson, Union
Territory B	Bergen, Passaic
Territory C	Monmouth, Morris, Sussex, Warren
Territory D	Hunterdon, Middlesex, Somerset
Territory E	Burlington, Camden, Mercer
Territory F	Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester

Contact your Broker or Horizon Account Representative for specific rates for Horizon Dental Option Plan (DOP), Horizon Dental PPO, Horizon Healthy Smiles Plans, Horizon Dental Companion and Horizon Dental PPO Access.

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Voluntary Dental

Extend your dental offerings with no employer contribution required. Voluntary Dental gives your employees low-cost, self-paid access to Horizon providers.

Voluntary Dental features include:

- A 100% employee-paid benefit through payroll deduction
- Easy administration
- Simple underwriting rules
- No minimum participation
- Six plan options

Underwriting and Product Information

- Voluntary dental plans are offered to groups with 2-50 employees. Employers may choose to offer either voluntary plans or employer-funded plans but may not offer both at the same time. ***Exception:** Young Grins may be offered alongside the Voluntary PPO or DOP plans.
- There are no benefit waiting periods on the DOP or PPO plans.
- Only groups with 5+ eligible employees can offer the DOP or PPO plans with orthodontia.
- Employers may offer up to two plans: Family Grins or Family Grins Plus and one DOP or PPO plan.
- Dental Option Plan and Dental PPO are offered for dependent children to age 19 and full-time students to age 23.
- Family Grins and Family Grins Plus are offered for dependent children to age 26.
- Dental Option Plan and Dental PPO out-of-network allowance is set at Maximum Allowable Charge (MAC).



Voluntary Dental Plans:

Horizon Family Grins

Horizon Family Grins Plus

Horizon Dental PPO

No ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental PPO (with Ortho)

\$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental Option

No ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental Option (with Ortho)

\$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50

For additional details, please contact your Horizon EXPAND Account Manager.

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2022 Voluntary Dental Plans



Horizon Family Grins Voluntary						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$21.28	\$23.21	\$24.06	\$23.39	\$23.27	\$27.91
15-18	\$21.69	\$23.66	\$24.53	\$23.84	\$23.74	\$28.47
19+	\$13.81	\$14.60	\$14.76	\$14.46	\$13.80	\$14.84

Horizon Family Grins Plus Voluntary						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$21.28	\$23.21	\$24.06	\$23.39	\$23.27	\$27.91
15-18	\$21.69	\$23.66	\$24.53	\$23.84	\$23.74	\$28.47
19+	\$34.31	\$36.25	\$36.64	\$35.90	\$34.26	\$36.85

For Family Grins and Family Grins Plus, employer premiums are based on the member's age and the employer's county.

Dental Rate Example

Voluntary Dental Option and Dental PPO rates are based on group size and industry group. The rate example below is for an employer in Industry Group C.

Voluntary Dental Product								
Number of eligible employees	Group Size 2-9				Group Size 10-50			
	SING	H&W	Family	P&C	SING	H&W	Family	P&C
Dental PPO, no ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$37.15	\$67.46	\$102.96	\$75.90	\$33.77	\$61.32	\$93.59	\$68.99
Dental PPO, \$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$37.15	\$67.46	\$109.13	\$80.45	\$33.77	\$61.32	\$99.20	\$73.13
Dental Option Plan, no ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$51.43	\$93.38	\$142.52	\$105.04	\$46.75	\$84.88	\$129.55	\$95.48
Dental Option Plan, \$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$51.43	\$93.38	\$151.06	\$111.35	\$46.75	\$84.88	\$137.31	\$101.22

Industry Group* Description		Factor
A	Agricultural Products	0.95
A	Auto Repair/Garages	0.95
A	Logging/Sawmills	0.95
A	Quarries/Gravel Pits/ Mining	0.95
A	Sanitary Services/Waste Removal/Junkyards	0.95
A	Trucking	0.95
B	Accounting/Engineering/ Research/Consulting Services	1.15
B	Advertising	1.15
B	Auto Dealerships	1.15
B	Embassies/Consulates	1.15
B	Law Offices/Legal Services	1.15
B	Professional Athletic Teams/Promoters	1.15
B	Teachers/Schools/School Districts	1.15
D	Dentistry Offices & Sports Teams	1.5
C	Other	1

*Certain SIC codes may fall into different industry groups.

Territory Legend

Area	Counties
Territory A	Essex, Hudson, Union
Territory B	Bergen, Passaic
Territory C	Monmouth, Morris, Sussex, Warren
Territory D	Hunterdon, Middlesex, Somerset
Territory E	Burlington, Camden, Mercer
Territory F	Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester

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Horizon Vision

Vision care is a worthy investment. Our plans are in place to help detect issues early and provide frames and lens options at affordable prices.



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 View Network

- Horizon Vista II
- Horizon Panorama IVA
- Horizon Panorama IVB
- Horizon Expanse V

111,000 Network points of access: Independent eye care professionals, Visionworks, Glasses.com, 1 800 Contacts®, and Befitting as well as additional participating retail providers.¹

Vision Select Network

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

66,000 Network points of access: Independent eye care professionals, Visionworks, Glasses.com, 1 800 Contacts®, and Befitting.¹



Employer paid (Funded): An employer must contribute 75% or more to be considered funded.

Employee paid (Voluntary): When an employer contributes less than 75%, the plan is considered voluntary.

For more information, visit HorizonBlue.com/vision.

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1. Horizon Vision plans access Davis Vision's nationwide networks. Network counts are based on data as of 8/2021 and are subject to change.

Horizon/Davis Vision View Network



Plan	Horizon Vista II	Horizon Panorama IVA	Horizon Panorama IVB	Horizon Expanse V
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	12 months	24 months	12 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	\$10	\$0
Spectacle lenses	\$25	\$25	\$25	\$10
Contact lens evaluation, fitting and follow-up care	-	\$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 \$100 or \$150 ²	Up to \$130 or \$180 ²	Up to \$130 or \$180 ²	Up to \$150 or up to \$200 ²
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / \$15 / \$40	Included / Included / \$25	Included / Included / \$25	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	\$15	Included	Included	Included
Scratch-resistant coating	Included	Included	Included	Included
Polycarbonate lenses ⁴	\$0 or \$35	\$0 or \$30	\$0 or \$30	Included
Ultraviolet coating	\$15	\$12	\$12	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$40 / \$45 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85
Progressive lenses (standard / premium / ultra / ultimate)	\$65 / \$105 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	Included / \$40 / \$90 / \$125
Intermediate-vision lenses	\$30	\$30	\$30	Included
High-index lenses	\$60	\$55	\$55	\$55
Polarized lenses	\$75	\$75	\$75	\$75
Plastic photosensitive lenses	\$70	\$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 ⁵ on any overage	Up to \$100	Up to \$130	Up to \$130	Up to \$150
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount ⁵	15% discount ⁵	15% discount ⁵	15% discount ⁵
Collection Contact Lenses⁴ (in lieu of allowance)				
– Disposable	-	4 boxes/multipacks	4 boxes/multipacks	8 boxes/multipacks
– Planned replacement	-	2 boxes/multipacks	2 boxes/multipacks	4 boxes/multipacks
– Evaluation, fitting and follow-up care	-	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. 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.

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



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Horizon/Davis Vision Select Network



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
Eyeglass Benefit – Frame					
Member Charges					
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
Oversize lenses		Included	Included	Included	Included
Tinting of plastic lenses		\$15	Included	Included	Included
Scratch-resistant coating		Included	Included	Included	Included
Polycarbonate lenses (children ⁴ / adults)		\$0 / \$35	Included	Included	Included
Ultraviolet coating		\$15	Included	Included	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)		\$40 / \$55 / \$69 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$0 / \$0 / \$0 / \$85
Progressive lenses (standard / premium / ultra / ultimate)		\$65 / \$105 / \$140 / \$175	Included / \$40 / \$90 / \$125	Included / \$40 / \$90 / \$125	\$0 / \$0 / \$0 / \$175
Intermediate-vision lenses		\$30	Included	Included	Included
High-index lenses		\$60	\$55	\$55	Included
Polarized lenses		\$75	\$75	\$75	Included
Plastic photosensitive lenses		\$70	\$65	\$65	Included
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)					
Non-collection contact lenses: Materials allowance	Up to \$100 plus a 15% discount ⁵ on any average		Up to \$150 plus a 15% discount ⁵ on any average		
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount		15% discount		
Collection Contact Lenses ³ (in lieu of allowance)					
– Disposable		n/a		Up to 8 boxes/multipacks	
– Planned Replacement		n/a		Up to 4 boxes/multipacks	
– Evaluation, fitting and follow-up care		n/a		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.

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

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Pricing: Horizon/Davis Vision View Network



Horizon Vista II	
Premium Rates (Voluntary)	
Employee Only	\$5.26
Employee + Spouse	\$10.54
Employee + Child(ren)	\$11.06
Employee + Family	\$15.43
Premium Rates (Funded)	
Employee Only	\$3.62
Employee + Spouse	\$7.24
Employee + Child(ren)	\$7.60
Employee + Family	\$10.61

Horizon Panorama IVA	
Premium Rates (Voluntary)	
Employee Only	\$7.57
Employee + Spouse	\$15.15
Employee + Child(ren)	\$15.91
Employee + Family	\$22.19
Premium Rates (Funded)	
Employee Only	\$4.45
Employee + Spouse	\$8.90
Employee + Child(ren)	\$9.35
Employee + Family	\$13.04

Horizon Expanse V	
Premium Rates (Voluntary)	
Employee Only	\$11.18
Employee + Spouse	\$22.36
Employee + Child(ren)	\$23.48
Employee + Family	\$32.77
Premium Rates (Funded)	
Employee Only	\$7.87
Employee + Spouse	\$15.74
Employee + Child(ren)	\$16.53
Employee + Family	\$23.06

Horizon Panorama IVB	
Premium Rates (Voluntary)	
Employee Only	\$6.21
Employee + Spouse	\$12.44
Employee + Child(ren)	\$13.05
Employee + Family	\$18.21
Premium Rates (Funded)	
Employee Only	\$4.28
Employee + Spouse	\$8.56
Employee + Child(ren)	\$8.99
Employee + Family	\$12.54

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Pricing: Horizon/Davis Vision Select Network



Horizon Vista III	
Premium Rates (Voluntary)	
Employee Only	\$6.39
Employee + Spouse	\$12.79
Employee + Child(ren)	\$13.43
Employee + Family	\$18.73
Premium Rates (Funded)	
Employee Only	\$4.71
Employee + Spouse	\$9.42
Employee + Child(ren)	\$9.89
Employee + Family	\$13.80

Horizon Expanse VIIA	
Premium Rates (Voluntary)	
Employee Only	\$9.38
Employee + Spouse	\$18.76
Employee + Child(ren)	\$19.69
Employee + Family	\$27.48
Premium Rates (Funded)	
Employee Only	\$6.54
Employee + Spouse	\$13.08
Employee + Child(ren)	\$13.73
Employee + Family	\$19.16

Horizon Expanse VIII	
Premium Rates (Voluntary)	
Employee Only	\$9.89
Employee + Spouse	\$19.79
Employee + Child(ren)	\$20.78
Employee + Family	\$28.98
Premium Rates (Funded)	
Employee Only	\$6.88
Employee + Spouse	\$13.76
Employee + Child(ren)	\$14.45
Employee + Family	\$20.16

Horizon Vista IV	
Premium Rates (Voluntary)	
Employee Only	\$4.55
Employee + Spouse	\$9.10
Employee + Child(ren)	\$9.55
Employee + Family	\$13.33
Premium Rates (Funded)	
Employee Only	\$3.18
Employee + Spouse	\$6.36
Employee + Child(ren)	\$6.68
Employee + Family	\$9.32

Horizon Expanse VIIB	
Premium Rates (Voluntary)	
Employee Only	\$7.12
Employee + Spouse	\$14.23
Employee + Child(ren)	\$14.93
Employee + Family	\$20.84
Premium Rates (Funded)	
Employee Only	\$4.96
Employee + Spouse	\$9.92
Employee + Child(ren)	\$10.42
Employee + Family	\$14.53

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Health Plus Plan

Consolidating benefits and simplifying processes is one step away with this benefit plan. It's a comprehensive package with competitive rates.



Dental

We offer one of the largest dental networks in New Jersey.

- Access to some of the deepest discounts in the state
- Little to no out-of-pocket expenses for preventive services



Vision

The View network has 100,000 points of access which include independent eye care professionals, Visionworks, 1 800 Contacts®, Glasses.com and Befitting as well as additional participating retail providers.

- Low-cost annual eye exam, including dilation
- Coverage for eyeglasses and contact lenses



Life/AD&D

USABLE Life's Small Group Plans for Life and Accidental Death & Dismemberment provide a quality benefits package while maintaining your bottom line.



Two benefit options available:

- » **Low Plan Benefit**
- » **High Plan Benefit***

*Includes coverage outside of New Jersey.

Contact your Broker or Horizon Account Representative or visit HorizonBlue.com.

Why Horizon

OMNIASM Health Plans

Health Plan Benefits

Medical Plans

- OMNIA Health Plans
- Advantage EPO Health Plans
- Advantage Direct Access Health Plans

Horizon MyWay[®]

Horizon EXPAND

- Dental Plans
- Voluntary Dental
- Vision
- » Health Plus Plan
- Life & Disability
- International Medical
- Pet Insurance

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Health Plus Plan Benefits – Low Option



Horizon Dental Benefits

Benefit	Low Option	
	Under 19 in network	Age 19 in network
Plan	Horizon Family Grins	
Coinsurance	100/80/50%	100%/Discount/Discount
Annual Maximum	None	None
MOOP	\$375/\$750	None
Benefit		
Deductible Preventive/Diagnostic	\$25 preventive	None
Deductible Basic/Major	\$100/\$200 Class II & III	None
Preventive & Diagnostic	100%; deductible applies	100%
Minor Restorative	80%; deductible applies	100%
Endodontics/Periodontics/Oral Surgery	80%; deductible applies	Discount
Major Care	50%; deductible applies	Discount
Orthodontia (Medically Necessary)	50%; MOOP applies	n/a
Orthodontia (Cosmetic)	50%	n/a
Cosmetic Orthodontia Lifetime Maximum	\$1,000	n/a
Benefit Waiting Periods	None	None

If you require coverage outside of New Jersey, you must select the High Option.

Horizon Vision Benefits

Benefit	Low Option
Plan	Vista II
Eye Exam (Every Year)	\$10 copay
Spectacle Lens (Every Year)	\$25 copay
Eyeglass Frame (Every Other Year)	\$100 allowance or \$150 at Visionworks
Contact Lens in Lieu of Eyeglasses (Every Year)	\$100 allowance

USABLE Life Insurance

Benefit	Small Group Plan
Work Requirement	Active full-time employees working 25 hours or more per week
Employee Life and AD&D Benefit	\$25,000
Dependent Life Benefits	
Eligible Spouse	\$5,000*
Eligible Child(ren) to age 26	\$2,000*

*\$100 from 14 days to 6 months. Benefits for employees reduce to 65% at age 65 and reduce to 50% of the pre-age 65 amount at age 70. All amounts of coverage are issued on a guaranteed basis.

Plan Rates – Low Option*

Enrolled Group Size	Single	Two Adults	Parent & Child	Family
2-4	\$23.94	\$40.24	\$61.03	\$84.89
5-9	\$21.78	\$34.03	\$47.69	\$68.58
10-24	\$20.07	\$30.91	\$42.56	\$60.65
25-50	\$18.89	\$28.75	\$34.54	\$48.23

*The life rate is \$8.50 per employee per month, which is included in the rates above for the low option. Rates are guaranteed for two years from the initial effective date of the policy.

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

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Contact your Broker or Horizon Account Representative or visit HorizonBlue.com.



Health Plus Plan Benefits – High Option



Horizon Dental Benefits

Benefit	High Option	
	Under 19 in network	Age 19 in & out of network
Plan	Horizon Family Grins Plus	
Coinsurance	100/80/50%	100/80/50%
Annual Maximum	None	\$1,500
MOOP	\$375/\$750	None
Benefit		
Deductible Preventive/Diagnostic	\$25 preventive	\$0
Deductible Basic/Major	\$100/\$200 Class II & III	\$50/\$150
Preventive & Diagnostic	100%; deductible applies	100%
Minor Restorative	80%; deductible applies	80%; deductible applies
Endodontics/Periodontics/Oral Surgery	80%; deductible applies	80%; deductible applies
Major Care	50%; deductible applies	50%; deductible applies
Orthodontia (Medically Necessary)	50%; MOOP applies	n/a
Orthodontia (Cosmetic)	50%	n/a
Cosmetic Orthodontia Lifetime Maximum	\$1,000	n/a
Benefit Waiting Periods	None	None

If you require coverage outside of New Jersey, you must select the High Option.

Horizon Vision Benefits

Benefit	High Option
Plan	Panorama IVB
Eye Exam (Every Year)	\$10 copay
Spectacle Lens (Every Year)	\$25 copay
Eyeglass Frame (Every Other Year)	\$130 allowance or \$180 at Visionworks
Contact Lens in Lieu of Eyeglasses (Every Year)	\$130 allowance

USABLE Life Insurance

Benefit	Small Group Plan
Work Requirement	Active full-time employees working 25 hours or more per week
Employee Life and AD&D Benefit	\$25,000
Dependent Life Benefits	
Eligible Spouse	\$5,000*
Eligible Child(ren) to age 26	\$2,000*

*\$100 from 14 days to 6 months. Benefits for employees reduce to 65% at age 65 and reduce to 50% of the pre-age 65 amount at age 70. All amounts of coverage are issued on a guaranteed basis.

Plan Rates – High Option*

Enrolled Group Size	Single	Two Adults	Parent & Child	Family
2-4	\$46.23	\$84.80	\$90.06	\$137.01
5-9	\$41.48	\$70.12	\$70.18	\$112.42
10-24	\$37.77	\$63.34	\$62.54	\$100.04
25-50	\$35.42	\$59.05	\$51.52	\$83.21

*The life rate is \$8.50 per employee per month, which is included in the rates above for the high option. Rates are guaranteed for two years from the initial effective date of the policy. Please note the initial bill, as well as all future billing and administration for the Life/AD&D portion of this plan, will be administered directly by USAble Life.

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

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Additional Coverage

Expand your coverage and consolidate expenses with these additional options.



Life & Disability

USABLE Life's Small Group Plans for Life and Accidental Death & Dismemberment offer employers with 2 to 50 employees the ability to provide a quality benefits package while maintaining your bottom line.

For more information, contact your Horizon Account Manager.



International Medical Coverage

With international medical coverage, Horizon can give you peace of mind about getting care if you need it while outside the United States. Through our partnership with GeoBlue®, a leader and innovator in international health coverage, you 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](https://www.geoblue.com/travel/horizontravel).



Pet Insurance*

Horizon 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](https://www.aspcapetinsurance.com/horizonBCBSNJ).

*Pet Insurance is not a Horizon product. Horizon 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](https://www.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.

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Connect to care, benefits and support anytime.



Find Care Easily:

Away From Home Care: [HorizonBlue.com/awayfromhome](https://www.horizonblue.com/awayfromhome)

Behavioral Health Care: [HorizonBlue.com/behavioralhealth](https://www.horizonblue.com/behavioralhealth)
or call **1-800-626-2212**, 24/7

Doctor & Hospital Finder: doctorfinder.horizonblue.com

Blue National Doctor & Hospital Finder: provider.bcbs.com
or call BlueCard Access at **1-800-810-BLUE (2583)**



Pharmacy:

Pharmacy: myprime.com
or call **1-877-627-6337 (TTY 711)**
Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time

PillPack presorted medicines and home delivery:
[HorizonBlue.pillpack.com](https://www.horizonblue.com/pillpack.com)



Health & Wellness:

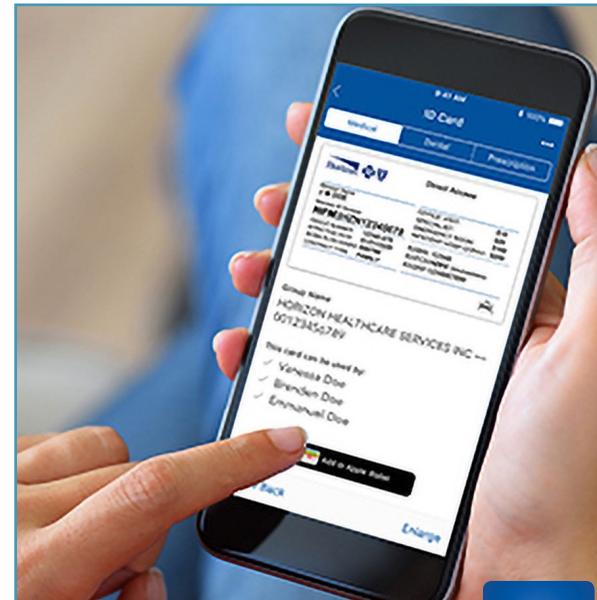
Blue365[®] healthy living discounts:
[Blue365deals.com/HorizonBCBS](https://www.blue365deals.com/HorizonBCBS)

Chronic Care Programs: [HorizonBlue.com/chronic-care](https://www.horizonblue.com/chronic-care)

HorizonbFitSM gym reimbursement: [HorizonbFit.com](https://www.horizonbfit.com)

My Health Manager powered by WebMD[®]:
[HorizonBlue.com/mhm](https://www.horizonblue.com/mhm)

PRECIOUS ADDITIONS[®] for parents-to-be:
[HorizonBlue.com/preciousadditions](https://www.horizonblue.com/preciousadditions)



Text **GetApp** to **422-272** to download the Horizon Blue app.*



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

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Here when you need us most.



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Horizon Blue Cross Blue Shield of New Jersey (Horizon) is an independent licensee of the Blue Cross Blue Shield Association (BCBSA). The Blue Cross[®] and Blue Shield[®] names and symbols, BlueCard[®], Blue365[®] and PRECIOUS ADDITIONS[®] are registered marks of the Blue Cross Blue Shield Association. The Horizon[®] name and symbols and MyWay[®] are registered marks and OMNIASM and Horizon *bf*SM are service marks of Horizon. ©2021 Horizon, Three Penn Plaza East, Newark, New Jersey 07105.

Blue365[®] offers access to savings on items and services that members may purchase directly from independent vendors. Please note that the Blue Cross Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Also, neither Horizon nor the BCBSA recommend, warrant or guarantee any specific Blue365 vendor or discounted item or service. Blue365 is not an insurance program and may be discontinued at any time.

GeoBlue[®] is a trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross Blue Shield Association.

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. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

All trademarks, service marks and company names are the property of their respective owners.

ASPCA[®], Davis Vision Inc., USABLE Life, PillPack and WebMD[®] are independent from and not affiliated with Horizon.

Horizon 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.



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，可获得免费帮助。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 नन-शुल्क 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 الاتصال 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۔



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

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**.

(Continues)

Notice of Nondiscrimination

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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.