

2025
OVERVIEW

Individual and Family
Insurance Coverage



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YOUR BEST HEALTH COVERED BY BLUE

As New Jersey's #1 health insurer,¹ Horizon uses its unmatched strength and expertise to make the health care experience better. For more than 90 years, we have worked to improve health care quality and affordability, giving New Jersey residents peace of mind so they can achieve their best health. We guide members to ensure that everyone has access to the right health care, and we provide easy-to-use tools to make managing health benefits even more convenient.



We're ranked #1 in Member Satisfaction among Commercial Health Plans in New Jersey.

1. NAIC Market Share Report, published 2023



Please contact your broker for more information.



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more than
\$75 million
invested
to make New Jersey
healthier

OUR COMMITMENT TO THE COMMUNITY

At Horizon, we're dedicated to promoting and advancing health equity and driving real change that makes a lasting impact in the communities we serve.

To date, The Horizon Foundation for New Jersey, our enterprise's philanthropic arm, has invested more than \$75 million in programs and initiatives to support organizations that make New Jersey healthier.

Our areas of focus include:

- Health awareness, education and prevention
- Social determinants of health
- The arts and community health
- Partnering with organizations across New Jersey to magnify our efforts

Learn more at HorizonBlue.com/foundation.



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NEW BENEFITS FOR 2025

We're always working to make health care more accessible and affordable for our members, and we're excited to introduce these new benefits for 2025.

- **\$0 copay** for Horizon CareOnlineSM, our telemedicine service¹
- **\$0** for select insulin drugs
- **\$0 copay** for select prescription asthma inhalers and select epinephrine auto-injectors

NEW: OMNIA and Advantage EPO Medical Plan Benefit

| Prescription Drug | OMNIA plans and Advantage EPO | OMNIA Silver Saver HSA |
|------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| Insulin (select items) | \$0 per 30-day supply | \$0 per 30-day supply |
| Epinephrine auto-injector (select items) | \$0 per 30-day supply | \$0 per 30-day supply after deductible |
| Prescription asthma inhaler (select items considered preventative) | \$0 per 30-day supply | \$0 per 30-day supply |
| Prescription asthma inhaler (select items not considered preventative) | \$0 per 30-day supply | \$0 per 30-day supply after deductible |

1. OMNIA Silver Saver HSA \$0 copay after the deductible.



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VIRTUAL CARE ANYTIME, ANYWHERE

With [Horizon CareOnline](#), our telemedicine service, you can access care from a doctor whenever it's needed – including late at night or when you're traveling. **Now with \$0 copay.**¹

Need medical care?

Get treated 24/7 by licensed board-certified doctors for health conditions, including fever, colds and flu, abdominal pain and more.

Need behavioral health care?

Make an appointment between 7 a.m. and 11 p.m. to talk to a licensed psychiatrist, psychologist or social worker for help with anxiety, depression and other behavioral health issues.

Simply sign in to [HorizonBlue.com](#) or the **Horizon Blue app** to get started.

¹ Horizon CareOnline does not replace your relationship with the primary doctor or behavioral health professional you may see on a regular basis, but Horizon CareOnline is available when you need it. OMNIA Silver Saver HSA has a \$0 copay after deductible.

Have everyday health questions?

24/7 Nurse Line gives you access to trusted information on everyday health questions, or even a situation that might be more serious, by calling **1-888-624-3096**.

*Nurse programs are for informational purposes only. Health care professionals cannot provide a diagnosis or recommend specific treatment, and they are not a substitute for a doctor's care. Services are not insurance programs and may be discontinued at any time. In an emergency, go to the nearest hospital or doctor or call 911.



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CONVENIENT RESOURCES AT YOUR FINGERTIPS



You can connect with a U.S. board-certified licensed doctor via video chat.¹ Simply visit HorizonBlue.com or download the [Horizon Blue app](#) to get started.

We're putting 24/7 care and support at your fingertips:

- Video chat with doctors
- Get access to mental health care and support
- Submit medical claims
- Get quick claim status updates
- View and print member ID Cards
- Locate in-network doctors
- Set up auto bill pay

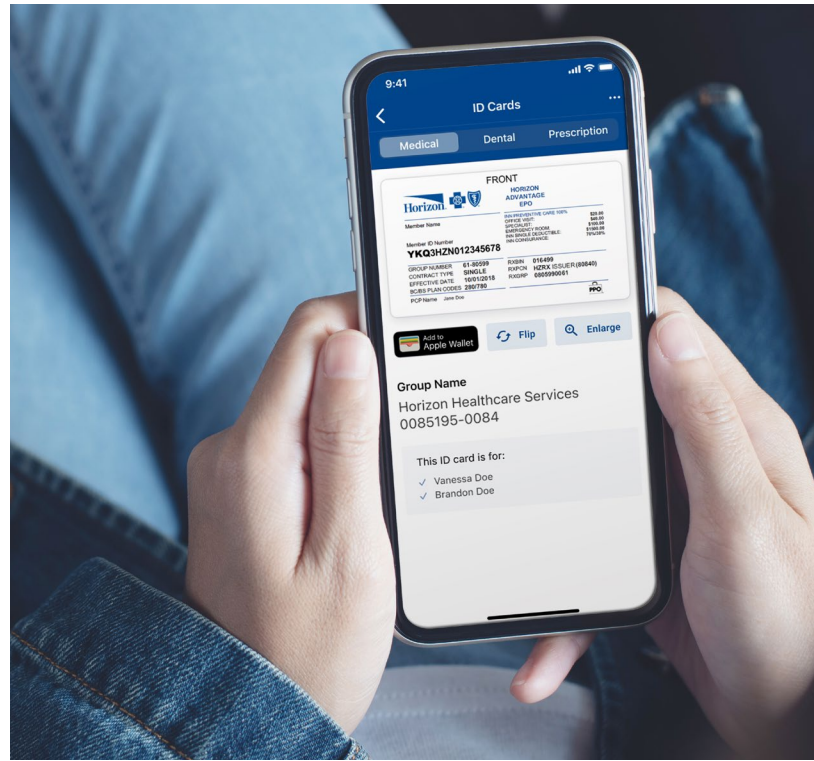
Download the free [Horizon Blue app](#) by scanning the QR Code or visiting the [App Store](#)® or [Google Play](#)™.*



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

¹ Some state and plan restrictions may apply.

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



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HELPING YOU ACHIEVE YOUR 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 prepaid eCard)
- Healthy Living Discounts with [Blue365](#)®
- Online health education
- [PRECIOUS ADDITIONS](#)® program for parents-to-be



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.



Horizon MindCareSM

This secure online behavioral health platform offers personalized behavioral health and resilience information, well-being assessments, tools and resources. Plus, it can match you to reliable in-network providers, facilities and virtual health solutions.



Doula Services

With doula services, trained professionals called doulas provide ongoing physical, emotional and informational support before, during and after childbirth.



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.



Care Management Programs

These programs can help you take control of your health by providing support to manage the day-to-day challenges of living with acute health care needs as well as chronic conditions such as asthma or diabetes.



Prescription Drug Coverage

Prescription drug coverage is an integrated part of our health plans, so you can get the medications you need. Simply sign in to access your prescription coverage information.



Amazon Pharmacy

Through Amazon Pharmacy, you can get a 90-day supply of your prescriptions delivered right to your door for just the cost of your mail order copay.



Rx Savings Solutions

Sign up for Rx Savings Solutions to see if you can save money on your prescriptions. Rx Savings Solutions can even work directly with your prescriber/pharmacy to help you switch to a lower-cost medication.



Away From Home Care[®]

This program is available to members who have Horizon EPO and OMNIA Health Plans – including students living away from home, long-term travelers and families living apart.*

*These members are not eligible if they are enrolled in a HSA-compatible plan. This program gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.

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YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE

Get Covered New Jersey

Qualifying residents who purchase coverage through Get Covered New Jersey may be eligible for financial assistance to help lower their monthly premiums and out-of-pocket expenses. If you're not eligible for affordable health insurance coverage through an employer, Medicare, Medicaid or another government program, you're likely eligible for coverage through Get Covered New Jersey. You may qualify for:

Premium Tax Credits

Thanks to the American Rescue Plan Act of 2021 and the Inflation Reduction Act of 2022, more people now qualify for more financial help through premium tax credits. The level of assistance is based on many factors, including income and household size. Depending on these factors, the entire cost of the monthly premium could be covered.

Cost-Sharing Reductions


People who qualify for a premium tax credit and have household incomes between 138% and 250% of the federal poverty level also qualify for extra savings called cost-sharing reductions (CSRs). This is a discount that lowers the amount you pay for out-of-pocket costs such as deductibles, co-pays and co-insurance.

New Jersey Health Plan Savings

The State of New Jersey provides additional financial help to reduce monthly premiums through a state subsidy called New Jersey Health Plan Savings (NJHPS). You may be eligible for NJHPS if your annual household income is up to \$87,480 for an individual or \$180,000 for a family of four.*



+ **Learn more**
To see how much financial assistance you may be eligible for, get an estimated quote at HorizonBlue.com/calculator.



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*Unlike federal tax credits, consumers do not have to reconcile NJHPS on their taxes.
Source: Get Covered New Jersey and the NJDOBI (9/21)



Horizon OMNIASM Health Plans

| 2025 BENEFITS | OMNIA Bronze (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) | | OMNIA Silver Value (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) | | OMNIA Silver Saver HSA ¹ (\$0 Horizon CareOnline Virtual Care after Ded, \$0 Select Insulin, No Referrals) | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| | Tier 1 | Tier 2 | Tier 1 | Tier 2 | Tier 1 | Tier 2 |
| GENERAL PROVISIONS | | | | | | |
| Out-of-Network Coverage | No | No | No | No | No | No |
| Individual Deductible | \$3,000 | \$3,000 | \$2,000 | \$2,500 | \$2,300* | \$2,500* |
| Family Deductible | \$6,000 | \$6,000 | \$4,000 | \$5,000 | \$4,600 | \$5,000 |
| Individual Maximum Out-of-Pocket | \$9,200 | \$9,200 | \$9,150 | \$9,200 | \$7,750 | \$8,050 |
| Family Maximum Out-of-Pocket | \$18,400 | \$18,400 | \$18,300 | \$18,400 | \$15,500 | \$16,100 |
| 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 |
| HEALTH CARE SERVICES | | | | | | |
| PCP Office Visits & Consultations | Ded then \$50 copay | Ded then 50% coin | \$30 copay | Ded then 50% coin | Ded then \$20 copay | Ded then \$30 copay |
| Specialist Visits & Consultations | Ded then \$75 copay | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then \$35 copay | Ded then \$50 copay |
| Virtual PCP/Specialist Visit | Ded then \$25 copay | Ded then 50% coin | \$15 copay | Ded then 50% coin | Ded then \$10 copay | Ded then \$15 copay |
| DIAGNOSTIC TESTING AND IMAGING | | | | | | |
| Independent Lab/Radiology | No charge | No charge | No charge | No charge | Ded | Ded |
| Lab/Radiology Outpatient | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then \$50 copay | Ded then 50% coin |
| PHARMACY SERVICES | | | | | | |
| Generic Drugs | \$25 copay (retail) \$50 copay (mail order) | \$25 copay (retail) \$50 copay (mail order) | Ded then 40% coin | Ded then 40% coin | Ded then 50% coin | Ded then 50% coin |
| Preferred Brand Drugs | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 40% coin | Ded then 50% coin | Ded then 50% coin |
| Non-Preferred Brand Drugs | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 40% coin | Ded then 50% coin | Ded then 50% coin |
| OUTPATIENT SURGERY SERVICES | | | | | | |
| Both Hospital & Physician/Surgeon | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| Both Ambulatory Surgical Hospital & Physician/Surgeon | Ded then 40% coin | Ded then 50% coin | Ded then 30% coin | Ded then 50% coin | Ded then 30% coin | Ded then 50% coin |
| EMERGENCY/URGENT MEDICAL SERVICES | | | | | | |
| ER Hospital | \$100 copay & ded then 50% coin | \$100 copay & ded then 50% coin | \$100 copay & ded then 40% coin | \$100 copay & ded then 40% coin | Ded then \$100 copay & 40% coin | Ded then \$100 copay & 40% coin |
| Emergency Medical Transportation | Ded | Ded | Ded then 40% coin | Ded then 40% coin | Ded then 40% coin | Ded then 40% coin |
| Urgent Care Center | Ded then \$75 copay | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then \$70 copay | Ded then \$75 copay |
| HOSPITAL SERVICES | | | | | | |
| Outpatient Hospital & Physician | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| Inpatient Hospital (inc. MH/SUD) | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| Physician/Surgeon | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER | | | | | | |
| Office | Ded then \$50 copay | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then \$20 copay | Ded then \$30 copay |
| Outpatient | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| MATERNITY SERVICES | | | | | | |
| Delivery & All Inpatient Services | Ded then 50% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin | Ded then 40% coin | Ded then 50% coin |
| OTHER SERVICES | | | | | | |
| Physical & Occupational Therapy Office ² | Ded then \$40 copay | Ded then 50% coin | \$30 copay | Ded then 50% coin | Ded then \$20 copay | Ded then \$30 copay |
| Chiropractic Care ² | Ded then \$30 copay | Ded then 50% coin | \$30 copay | Ded then 50% coin | Ded then \$20 copay | Ded then \$30 copay |
| Durable Medical Equipment | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin |

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.
¹Members 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.
²1. Away From Home Care Program not available for HSA eligible plans. 2. This benefit has a limit of 30 visits per calendar year.

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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| 2025 BENEFITS | OMNIA Silver (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) | | OMNIA Gold (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------|
| | Tier 1 | Tier 2 | Tier 1 | Tier 2 |
| GENERAL PROVISIONS | | | | |
| Out-of-Network Coverage | No | No | No | No |
| Individual Deductible | \$1,600 | \$2,500 | \$500 | \$1,500 |
| Family Deductible | \$3,200 | \$5,000 | \$1,000 | \$3,000 |
| Individual Maximum Out-of-Pocket | \$9,200 | \$9,200 | \$7,000 | \$8,000 |
| Family Maximum Out-of-Pocket | \$18,400 | \$18,400 | \$14,000 | \$16,000 |
| Individual Drug Deductible | \$250 | \$250 | n/a | n/a |
| Family Drug Deductible | \$500 | \$500 | n/a | n/a |
| HEALTH CARE SERVICES | | | | |
| PCP Office Visits & Consultations | \$30 copay | Ded then 50% coin | \$10 copay | Ded then \$30 copay |
| Specialist Visits & Consultations | \$50 copay | Ded then 50% coin | \$25 copay | Ded then \$50 copay |
| Virtual PCP/Specialist Visit | \$15 copay | Ded then 50% coin | \$5 copay | Ded then \$15 copay |
| DIAGNOSTIC TESTING AND IMAGING | | | | |
| Independent Lab/Radiology | No charge | No charge | No charge | No charge |
| Lab/Radiology Outpatient | Ded then \$100 copay | Ded then 50% coin | \$20 copay | Ded then 30% coin |
| PHARMACY SERVICES | | | | |
| Generic Drugs | \$20 copay (retail) \$40 copay (mail order) | \$20 copay (retail) \$40 copay (mail order) | \$20 copay (retail) \$40 copay (mail order) | \$20 copay (retail) \$40 copay (mail order) |
| Preferred Brand Drugs | Ded then 50% coin | Ded then 50% coin | Ded then 30% coin ¹ | Ded then 30% coin ¹ |
| Non-Preferred Brand Drugs | Ded then 50% coin | Ded then 50% coin | Ded then 30% coin ¹ | Ded then 30% coin ¹ |
| OUTPATIENT SURGERY SERVICES | | | | |
| Both Hospital & Physician/Surgeon | Ded then \$250 copay | Ded then 50% coin | Ded then \$250 copay | Ded then 30% coin |
| Both Ambulatory Surgical Hospital & Physician/Surgeon | Ded then \$175 copay | Ded then 50% coin | Ded then \$200 copay | Ded then 30% coin |
| EMERGENCY/URGENT MEDICAL SERVICES | | | | |
| ER Hospital | \$100 copay & ded then 20% coin | \$100 copay & ded then 20% coin | \$100 copay & ded then 10% coin | \$100 copay & ded then 10% coin |
| Emergency Medical Transportation | Ded | Ded | Ded | Ded |
| Urgent Care Center | \$75 copay | Ded then 50% coin | \$50 copay | Ded then \$75 copay |
| HOSPITAL SERVICES | | | | |
| Outpatient Hospital & Physician | Ded then \$50 copay | Ded then 50% coin | Ded then \$20 copay | Ded then 30% coin |
| Inpatient Hospital (inc. MH/SUD) | Ded then \$500 per day copay | Ded then 50% coin | Ded then \$500 per day copay | Ded then 30% coin |
| Physician/Surgeon | Ded | Ded then 50% coin | Ded then no charge | Ded then 30% coin |
| BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER | | | | |
| Office | \$30 copay | Ded then 50% coin | \$10 copay | Ded then \$30 copay |
| Outpatient | Ded then \$30 copay | Ded then 50% coin | \$10 copay | Ded then 30% coin |
| MATERNITY SERVICES | | | | |
| Delivery & All Inpatient Services | Ded then \$500 per day copay | Ded then 50% coin | Ded then \$500 per day copay | Ded then 30% coin |
| OTHER SERVICES | | | | |
| Physical & Occupational Therapy Office ² | \$30 copay | Ded then 50% coin | \$10 copay | Ded then \$30 copay |
| Chiropractic Care ² | \$30 copay | Ded then 50% coin | \$10 copay | Ded then \$30 copay |
| Durable Medical Equipment | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin | Ded then 50% coin |

OMNIA Health Plans

Our OMNIA plans offer significantly lower premiums and no referrals when accessing the Horizon Managed Care Network, one of the largest networks in New Jersey. Members save even more with lower out-of-pocket costs at certain doctors and hospitals.

\$0 copay for Horizon CareOnline, our telemedicine service, when using the Horizon Blue app.³

\$0 copay for LabCorp and Quest expenses with all plans except OMNIA Silver Saver HSA.

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

1. \$150 max per script for a 1-30 day supply

2. This benefit has a limit of 30 visits per calendar year.

3. OMNIA Silver Saver HSA \$0 copay after the deductible.

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Horizon Advantage EPO Health Plans

| 2025 BENEFITS | Advantage EPO Essentials ¹ | Advantage EPO Bronze (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) | Advantage EPO Silver (\$0 Horizon CareOnline Virtual Care, \$0 Select Insulin, No Referrals) |
|-------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| GENERAL PROVISIONS | | | |
| Out-of-Network Coverage | No | No | No |
| Individual Deductible | \$9,200 | \$3,000 | \$2,500 |
| Family Deductible | \$18,400 | \$6,000 | \$5,000 |
| Individual Maximum Out-of-Pocket | \$9,200 | \$9,200 | \$9,200 |
| Family Maximum Out-of-Pocket | \$18,400 | \$18,400 | \$18,400 |
| Individual Drug Deductible | n/a | n/a | n/a |
| Family Drug Deductible | n/a | n/a | n/a |
| HEALTH CARE SERVICES | | | |
| PCP Office Visits & Consultations ² | \$0 copay for three visits then ded | Ded then \$30 copay | \$30 copay |
| Specialist Visits & Consultations | Ded then no charge | Ded then 50% coin | \$70 copay |
| Virtual PCP/Specialist Visit | Ded then no charge | Ded then \$15 copay | \$15 copay |
| DIAGNOSTIC TESTING AND IMAGING | | | |
| Independent Lab/Radiology | No charge | No charge | No charge |
| Lab/Radiology Outpatient | Ded then no charge | Ded then 50% coin | Ded then \$100 copay |
| PHARMACY SERVICES | | | |
| Generic Drugs | Ded then no charge | \$25 copay (retail) \$50 copay (mail order) | \$25 copay (retail) \$50 copay (mail order) |
| Preferred Brand Drugs | Ded then no charge | Ded then 50% coin ³ | 50% coin ⁴ |
| Non-Preferred Brand Drugs | Ded then no charge | Ded then 50% coin ³ | 50% coin ⁴ |
| OUTPATIENT SURGERY SERVICES | | | |
| Both Hospital & Physician/Surgeon | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| Both Ambulatory Surgical Hospital & Physician/Surgeon | Ded then no charge | Ded then 40% coin | Ded then 40% coin |
| EMERGENCY/URGENT MEDICAL SERVICES | | | |
| ER Hospital | Ded then no charge | \$100 copay & ded then 50% coin | \$100 copay & ded then 50% coin |
| Emergency Medical Transportation | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| Urgent Care Center | Ded then no charge | Ded then 50% coin | \$75 copay |
| HOSPITAL SERVICES | | | |
| Outpatient Hospital & Physician | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| Inpatient Hospital (inc. MH/SUD) | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| Physician/Surgeon | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER | | | |
| Office | Ded then no charge | Ded then 50% coin | \$30 copay |
| Outpatient | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| MATERNITY SERVICES | | | |
| Delivery & All Inpatient Services | Ded then no charge | Ded then 50% coin | Ded then 50% coin |
| OTHER SERVICES | | | |
| Physical & Occupational Therapy Office ⁵ | Ded then no charge | Ded then \$30 copay | \$30 copay |
| Chiropractic Care ⁵ | Ded then no charge | Ded then \$30 copay | \$30 copay |
| Durable Medical Equipment | Ded then no charge | Ded then 50% coin | Ded then 50% coin |

Advantage EPO Health Plans

With these plans, members have access to all doctors, hospitals and other health care professionals that participate in the Horizon Managed Care Network. Members are not required to select a Primary Care Physician (PCP), but they benefit from lower out-of-pocket costs when care is coordinated through a PCP.

\$0 copay
for Horizon CareOnline, our telemedicine service, when using the Horizon Blue app.⁶

\$0 copay
for LabCorp and Quest expenses with all plans except OMNIA Silver Saver HSA.

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

- For those up to age 29 or with proof of hardship.
 - Horizon Advantage Plans - selecting a PCP for each person is not required. However, a specialist copayment will apply if you do not select a PCP or visit your selected PCP.
 - \$250 max per script for a 1-30 day supply.
 - \$150 max per script for a 1-30 day supply.
 - This benefit has a limit of 30 visits per calendar year.
 - OMNIA Silver Saver HSA \$0 copay after the deductible.
- 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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HORIZON DENTAL PLANS

We have affordable dental plans for you and your family.

Adding a dental plan to your medical coverage makes great sense, because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you. With these plans, you have access to cleanings and oral exams, X-rays and savings for services such as crowns, fillings, root canals and more.

Covering a child under age 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.

Horizon also offers these individual and family dental options:

Horizon Family Grins and Horizon Family Grins Plus

The Horizon Family Grins Plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network¹ coverage for members over age 19. Each plan offers coverage for cosmetic orthodontia as well.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans offer comprehensive coverage. No out-of-network benefits are included. Horizon Healthy Smiles Plus provides access to the most expansive Horizon dental network available.

Horizon Individual

The Horizon Individual Plan provides 100% coverage for preventive, diagnostic and most basic services with no deductible, copayments or maximums. Coverage for major services is available at a specified coinsurance amount. Your selected primary care dentist will coordinate all your dental care, including referrals to specialists if necessary.

Horizon Centurion

The Horizon Centurion Plan provides on average a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting.

1. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.



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| 2025 Plan Details | Horizon Young Grins | | Horizon Family Grins | | Horizon Family Grins Plus | |
|--------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-----------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| Coverage for | Under Age 19 | Under Age 19 | Age 19 and Over | Under Age 19 | Age 19 and Over INN ¹ | Age 19 and Over OON ² |
| Affordable Care Act (ACA) Compliant | Yes | Yes | Yes | Yes | Yes | Yes |
| Benefit Waiting Periods Apply | No | No | No | No | No | No |
| Participating Office Locations | 13,000 in NJ / 376,000 nationwide | 13,000 in NJ / 376,000 nationwide | 10,000 in NJ, NY, DE and PA | 13,000 in NJ / 376,000 nationwide | 13,000 in NJ / 376,000 nationwide | n/a |
| Annual Maximum | None | None | None | None | \$1,500 | \$1,500 |
| Deductible | \$25/\$100/\$200 ³ | \$25/\$100/\$200 ³ | None | \$25/\$100/\$200 ³ | \$50/\$150 | \$50/\$150 |
| BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR & MEDICALLY NECESSARY ORTHODONTIA) | | | | | | |
| Individual | \$425 | \$425 | n/a | \$425 | n/a | n/a |
| Family | \$850 | \$850 | n/a | \$850 | n/a | n/a |
| Preventive/Diagnostic (Class I) | | | | | | |
| Prophylaxis – Cleaning | 3 times/year 100% after deductible | 3 times/year 100% after deductible | 3 times/year 100% | 3 times/year 100% after deductible | 3 times/year 100% | 3 times/year 100% |
| Sealant | 100% after deductible | 100% after deductible | Not covered | 100% after deductible | Not covered | Not covered |
| Fluoride | 100% after deductible | 100% after deductible | Not covered | 100% after deductible | Not covered | Not covered |
| Oral Exam | 100% after deductible | 100% after deductible | 100% | 100% after deductible | 100% | 100% |
| X-Rays | 100% after deductible | 100% after deductible | 100% | 100% after deductible | 100% | 100% |
| Basic (Class II) and Major (Class III) | | | | | | |
| Restorative | | | | | | |
| Amalgam Fillings | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Composite Fillings | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Crowns/Inlays/Onlays | 50% after deductible | 50% after deductible | Discount | 50% after deductible | 50% after deductible | 50% after deductible |
| Endodontics | | | | | | |
| Root Canals | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Periodontics | | | | | | |
| Periodontal Scaling & Root Planing | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Periodontal Maintenance | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Prosthetics | | | | | | |
| Bridges | 50% after deductible | 50% after deductible | Discount | 50% after deductible | 50% after deductible | 50% after deductible |
| Dentures | 50% after deductible | 50% after deductible | Discount | 50% after deductible | 50% after deductible | 50% after deductible |
| Oral Surgery | | | | | | |
| Nonsurgical & Surgical Extraction of Teeth | 80% after deductible | 80% after deductible | Discount | 80% after deductible | 80% after deductible | 80% after deductible |
| Orthodontics | | | | | | |
| Orthodontic Medical Necessity | Covered 50% | Covered 50% | Not covered | Covered 50% | Not covered | Not covered |
| Cosmetic Orthodontia | Covered 50% | Covered 50% | Not covered | Covered 50% | Not covered | Not covered |
| Orthodontic Lifetime Maximum (Cosmetic) | \$2,000 | \$2,000 | Not covered | \$2,000 | Not covered | Not covered |

1. In-network. 2. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.
3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.



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| 2025 Plan Details | Horizon Healthy Smiles | | Horizon Healthy Smiles Plus | | Horizon Centurion | Horizon Individual |
|--------------------------------------------|---------------------------------------|----------------------|---------------------------------------|----------------------|-----------------------------|--------------------------|
| Coverage for | Children and Adults | | Children and Adults | | Children and Adults | Children and Adults |
| Affordable Care Act (ACA) Compliant | No | | No | | No | No |
| Benefit Waiting Periods Apply | Yes ¹ | | Yes ¹ | | No | No |
| Participating Office Locations | 8,000 in NJ / 329,000 nationwide | | 13,000 in NJ / 376,000 nationwide | | 10,000 in NJ, NY, DE and PA | 2,000 in NJ |
| Annual Maximum | \$1,000 | | \$1,000 | | None | None |
| Deductible | \$50/\$150 | | \$50/\$150 | | | |
| Preventive/Diagnostic (Class I) | Option 1 | Option 2 | Option 1 | Option 2 | | |
| Prophylaxis – Cleaning | 1 every 6 months 100% | 1 every 6 months 80% | 1 every 6 months 100% | 1 every 6 months 80% | 1 every 6 months Discount | 1 every 6 months 100% |
| Sealant | 100% | 80% | 100% | 80% | Discount | 100% |
| Fluoride | 100% | 80% | 100% | 80% | Discount | 100% |
| Oral Exam | 100% | 80% | 100% | 80% | Discount | 100% |
| X-Rays | 100% | 80% | 100% | 80% | Discount | 100% |
| Basic (Class II) and Major (Class III) | | | | | | |
| Restorative | | | | | | |
| Amalgam Fillings | 80% after deductible | 50% after deductible | 80% after deductible | 50% after deductible | Discount | 100% |
| Composite Fillings | 80% after deductible | 50% after deductible | 80% after deductible | 50% after deductible | Discount | 100% |
| Crowns/Inlays/Onlays | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | Discount | 30%/40%/50% ² |
| Endodontics | | | | | | |
| Root Canals | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Periodontics | | | | | | |
| Periodontal Scaling & Root Planing | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Periodontal Maintenance | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Prosthodontics | | | | | | |
| Bridges | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Dentures | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Oral Surgery | | | | | | |
| Nonsurgical & Surgical Extraction of Teeth | 50% after deductible | | 50% after deductible | | Discount | 30%/40%/50% ² |
| Orthodontics | | | | | | |
| Orthodontic Medical Necessity | Not covered | | Not covered | | Not covered | Not covered |
| Cosmetic Orthodontia | Covered at 50% for those under age 19 | | Covered at 50% for those under age 19 | | Not covered | Not covered |
| Orthodontic Lifetime Maximum (Cosmetic) | \$1,000 | | \$1,000 | | Not covered | Not covered |

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.
 2. For the first three years. The percentage the plan pays goes up each year you stay with the same primary care dentist.

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Dental Plan Rates

| Horizon Family Grins Plus | | Horizon Family Grins | | | | | | | | | | | | | | | | | |
|---------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------|--|-----|------|------|---------|----|---------|----|---------|----|---------|----|---------|-----|---------|
| Age | Rate | Age | Rate | | | | | | | | | | | | | | | | |
| 0-14 | \$33.98 | 0-14 | \$33.98 | | | | | | | | | | | | | | | | |
| 15 | \$38.35 | 15 | \$38.35 | | | | | | | | | | | | | | | | |
| 16 | \$36.91 | 16 | \$36.91 | | | | | | | | | | | | | | | | |
| 17 | \$35.78 | 17 | \$35.78 | | | | | | | | | | | | | | | | |
| 18 | \$32.16 | 18 | \$32.16 | | | | | | | | | | | | | | | | |
| 19-22 | \$39.82 | 19+ | \$10.66 | | | | | | | | | | | | | | | | |
| 23-24 | \$34.55 | <table border="1"> <thead> <tr> <th colspan="2">Horizon Young Grins</th> </tr> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>0-14</td><td>\$33.98</td></tr> <tr><td>15</td><td>\$38.35</td></tr> <tr><td>16</td><td>\$36.91</td></tr> <tr><td>17</td><td>\$35.78</td></tr> <tr><td>18</td><td>\$32.16</td></tr> <tr><td>64+</td><td>\$75.91</td></tr> </tbody> </table> | | Horizon Young Grins | | Age | Rate | 0-14 | \$33.98 | 15 | \$38.35 | 16 | \$36.91 | 17 | \$35.78 | 18 | \$32.16 | 64+ | \$75.91 |
| Horizon Young Grins | | | | | | | | | | | | | | | | | | | |
| Age | Rate | | | | | | | | | | | | | | | | | | |
| 0-14 | \$33.98 | | | | | | | | | | | | | | | | | | |
| 15 | \$38.35 | | | | | | | | | | | | | | | | | | |
| 16 | \$36.91 | | | | | | | | | | | | | | | | | | |
| 17 | \$35.78 | | | | | | | | | | | | | | | | | | |
| 18 | \$32.16 | | | | | | | | | | | | | | | | | | |
| 64+ | \$75.91 | | | | | | | | | | | | | | | | | | |
| 25-29 | \$42.51 | | | | | | | | | | | | | | | | | | |
| 30-34 | \$45.16 | | | | | | | | | | | | | | | | | | |
| 35-39 | \$47.52 | | | | | | | | | | | | | | | | | | |
| 40-44 | \$49.13 | | | | | | | | | | | | | | | | | | |
| 45-49 | \$51.83 | | | | | | | | | | | | | | | | | | |
| 50-54 | \$56.34 | | | | | | | | | | | | | | | | | | |
| 55-59 | \$63.11 | | | | | | | | | | | | | | | | | | |
| 60-63 | \$69.73 | | | | | | | | | | | | | | | | | | |
| 64+ | \$75.91 | | | | | | | | | | | | | | | | | | |

For Horizon Family Grins Plus, Horizon Family Grins and Horizon Young Grins, you pay for the three oldest children and the remaining children are free.

Please contact your broker for more information or to enroll.

| Horizon Healthy Smiles | | | | |
|------------------------|----------|----------|-----------|-----------|
| Age | Option 1 | Option 2 | Option 1* | Option 2* |
| 22 and under | \$24.38 | \$20.05 | \$20.81 | \$17.02 |
| 23-24 | \$23.63 | \$19.42 | \$20.16 | \$16.49 |
| 25-29 | \$26.85 | \$22.06 | \$22.90 | \$18.72 |
| 30-34 | \$27.25 | \$22.37 | \$23.23 | \$18.99 |
| 35-39 | \$28.48 | \$23.39 | \$24.29 | \$19.87 |
| 40-44 | \$30.93 | \$25.44 | \$26.40 | \$21.59 |
| 45-49 | \$34.29 | \$28.18 | \$29.25 | \$23.92 |
| 50-54 | \$36.99 | \$30.40 | \$31.55 | \$25.80 |
| 55-59 | \$38.49 | \$31.64 | \$32.85 | \$26.86 |
| 60-64 | \$40.21 | \$33.04 | \$34.30 | \$28.04 |
| 65+ | \$39.74 | \$32.66 | \$33.91 | \$27.74 |

| Horizon Healthy Smiles Plus | | | | |
|-----------------------------|----------|----------|-----------|-----------|
| Age | Option 1 | Option 2 | Option 1* | Option 2* |
| 22 and under | \$29.51 | \$25.07 | \$25.54 | \$21.61 |
| 23-24 | \$28.61 | \$24.29 | \$24.76 | \$20.91 |
| 25-29 | \$32.50 | \$27.57 | \$28.12 | \$23.74 |
| 30-34 | \$32.96 | \$27.96 | \$28.54 | \$24.11 |
| 35-39 | \$34.43 | \$29.23 | \$29.82 | \$25.20 |
| 40-44 | \$37.47 | \$31.82 | \$32.42 | \$27.43 |
| 45-49 | \$41.49 | \$35.25 | \$35.93 | \$30.35 |
| 50-54 | \$44.78 | \$38.00 | \$38.77 | \$32.75 |
| 55-59 | \$46.62 | \$39.57 | \$40.33 | \$34.08 |
| 60-64 | \$48.68 | \$41.32 | \$42.12 | \$35.61 |
| 65+ | \$48.11 | \$40.86 | \$41.61 | \$35.20 |

| Horizon Centurion | | Horizon Individual | |
|-------------------|---------------|--------------------|-------------------|
| 1 Individual | \$60 per year | Adult Rate | \$206.51 per year |
| 1 Family | \$84 per year | Child Rate | \$78.48 per year |

*Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies. Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

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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HORIZON VISION PLANS

We can help you pay less for vision care nationwide.

Adding a Horizon Vision Plan can protect your health and dollars. Regular eye exams can help detect potential health issues such as hypertension and diabetes. We can help you save on vision exams, services and more.

About our Vision Plans

Vision Benefits

Benefits include an annual eye exam with dilation, coverage for eyeglasses and contact lenses, a higher frame allowance when purchased through Visionworks® and mail-order contact lenses.

Locations

Horizon Vision plans are administered through Davis Vision®, with over 111,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting HorizonBlue.com/doctorfinder and clicking "Horizon Vision" in the Quick Links box.

Horizon offers these Vision Plans:

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



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| Covered Services | Horizon Vista V | Horizon Panorama V | |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|
| | Horizon/Davis Vision View Network | | |
| In-Network Benefits | | | |
| Eye examination inclusive of dilation (when professionally indicated) | Once every calendar year | | |
| Spectacle lenses/frames | Annual/Annual | | |
| Copayments | | | |
| Eye examination/spectacle lenses | \$10/\$10 | | |
| Eyeglass Benefit – Frame | | | |
| Member Charges | | | |
| Non-collection frame allowance (retail) | Up to \$100 or \$150 ¹ | Up to \$130 or \$180 ¹ | |
| | Plus 20% discount on any overage ² | | |
| Davis Vision Frame Collection ³ (in lieu of allowance): Fashion/Designer/Premier | Included/\$15/\$40 | Included/Included/\$25 | |
| Eyeglass Benefit – Spectacle Lenses | | | |
| Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx) | Included | | |
| Tinting of plastic lenses/scratch-resistant coating | \$15/Included | Included/Included | |
| Polycarbonate lenses (children ⁴ /adult) | \$0/\$35 | \$0/\$30 | |
| Ultraviolet coating | \$15 | \$12 | |
| Anti-reflective (AR) coating (standard/premium/ultra/ultimate) | \$40/\$55/\$69/\$85 | \$35/\$48/\$60/\$85 | |
| Progressive lenses (standard/premium/ultra/ultimate) | \$65/\$105/\$140/\$175 | \$50/\$90/\$140/\$175 | |
| High-index lenses/plastic photochromic lenses/polarized lenses | \$60/\$70/\$75 | \$55/\$65/\$75 | |
| Scratch Protection Plan: single vision/multifocal lenses | \$20/\$40 | | |
| Blue light filtering | \$15 | \$15 | |
| Contact Lens Benefit (In Lieu of Eyeglasses) | | | |
| Non-collection contact lenses: materials allowance | Up to \$100 | Up to \$130 | |
| | Plus 15% discount on any overage ² | | |
| Evaluation, fitting and follow-up care – standard and specialty lens types | 15% discount ² | | |
| Collection Contact Lenses ³ (in lieu of allowance): disposable/planned replacement | n/a | Up to 4 boxes/multipacks/ Up to 2 boxes/multipacks | |
| Evaluation, fitting and follow-up care | n/a | Included | |
| Visually required contact lenses (with prior approval): materials, evaluation, fitting and follow-up care | Included | | |
| Out-of-Network Reimbursement Schedule – Up to: | | | |
| Eye examination: \$40 | Single vision lenses: \$40 | Trifocal lenses: \$80 | Elective contact lenses: Vista: \$80/Panorama: \$105 |
| Frame: \$50 | Bifocal/progressive lenses: \$60 | Lenticular lenses: \$100 | Visually required contact lenses: \$225 |
| One-Year Eyeglass Breakage Warranty Included | | | |

1. Members receive an additional \$50 allowance at Visionworks retail locations.
 2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
 3. Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.
 4. Polycarbonate lenses are covered in full for children up to age 19, monocular patients and patients with prescriptions +/- 6.00 diopter or greater.
 Seven-day benefit waiting period on both vision plans.

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.

| | Vista V | Panorama V |
|------------------|-----------------|--------------------------|
| Monthly Premium | Monthly Premium | Monthly Premium |
| Single | \$12.90 | Single \$14.19 |
| Two Adults | \$25.79 | Two Adults \$28.39 |
| Adult/Child(ren) | \$27.08 | Adult/Child(ren) \$29.81 |
| Family | \$37.78 | Family \$41.59 |

It's easy to enroll:
 Please contact your broker for more information or to enroll.



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ADDITIONAL COVERAGE

Expand your coverage and consolidate expenses with these additional options.



Personal Accident Insurance

LifeSecure Insurance Company's Personal Accident Insurance provides benefits to help with medical costs if you suffer an accidental injury. By pairing it with your Horizon medical plan, you can protect your hard-earned wages and savings so you can focus on healing instead of worrying about unexpected financial setbacks resulting from an injury.

Call a Horizon Representative at **1-800-224-1234** to learn more.



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 collaboration 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.



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.

*Pet Insurance is not a Horizon product. Horizon members enjoy a discount. Pre-existing conditions are not covered. Coverage for prescription food does not include prevention or general health maintenance (including weight loss). Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions, visit aspcapetinsurance.com/terms. Customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates and discounts may vary and are subject to change.



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WE'RE HERE TO HELP.

Whether you have questions or want to enroll immediately, our plan experts are ready to help.

Our plan experts can answer your questions about:

- Whether you qualify for federal tax credits or New Jersey's subsidy program
- Finding the right coverage for less
- New Horizon benefits and services

Please contact your broker for more information or to enroll.



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CONVENIENT RESOURCES AT YOUR FINGERTIPS

Find Care Easily:



Away From Home Care: [HorizonBlue.com/awayfromhome](https://www.horizonblue.com/awayfromhome)
or call **973-466-8091**

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

Doctor & Hospital Finder: [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder)

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

Pharmacy:



Pharmacy: [myprime.com](https://www.myprime.com)
or call **1-877-627-6337 (TTY 711)**

Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time

Rx Savings Solutions: [HorizonBlue.com/rxss](https://www.horizonblue.com/rxss)

Amazon Pharmacy: [Amazon.com/horizonblue](https://www.amazon.com/horizonblue)

Health & Wellness:



Blue365® Healthy Living Discounts: [Blue365deals.com/horizonbcbs](https://www.blue365deals.com/horizonbcbs)

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

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)

24/7 Nurse Line: call **1-888-624-3096**.

Summary of Benefits & Coverage



Download your summary here: [HorizonBlue.com/individual-sbc](https://www.horizonblue.com/individual-sbc)



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