# Get the Care You Need, When You Need It

Understanding Your Horizon Blue Cross Blue Shield of New Jersey Benefits from Inspira Health



For more information about your Horizon BCBSNJ benefits and programs, visit:

HorizonBlue.com/inspira









## Welcome to Horizon BCBSNJ!



As the largest and most experienced health insurer in New Jersey, Horizon Blue Cross Blue Shield of New Jersey offers you strength, stability and peace of mind.

In this guide, you'll see all that's available to help you become a more informed health care consumer. Learn more about how your health plan works – and how to make it work for you.

Horizon BCBSNJ is committed to providing our Inspira Health members with the service and support you need to understand and use your benefits.

To set up your Horizon BCBSNJ account, visit your online home at **HorizonBlue.com/inspira** and click *Register Today*. You will need your member ID number from your member ID card when you register. If you don't have your member ID card available, you can register using your Social Security Number. If you need help setting up your online account, just send an email to **member\_portal@HorizonBlue.com**.

When you are signed in at **HorizonBlue.com/inspira**, you can chat with or email a Member Services Representative.

You can also reach a Member Services Representative on the dedicated Inspira Health team at **1-833-876-3827**, Monday through Wednesday and Friday, from 8 a.m. to 6 p.m., Eastern Time (ET), and Thursday, from 9 a.m. to 6 p.m., ET.



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## Find an Inspira Health provider

You and your covered dependents will receive the highest level of benefits at the lowest out-of-pocket costs when you use Inspira Health facilities, doctors and other health care professionals.

You can find a doctor, dentist, hospital, ancillary facility or other health care professional who participates in the Inspira Health Inner Circle by visiting **HorizonBlue.com/inspira**. Once on the site, go to the *Services* menu and select *Find a Provider*. Then choose *Find an Inspira Provider* to use the Inner Circle search tool.

## Sign in for account access



# Take full advantage of your Horizon BCBSNJ membership by signing in at HorizonBlue.com/inspira.

Once you've signed in, choose from:



### Claims

Check your claim status, see what has been paid and if you owe anything out of pocket.



### Benefits & Coverage

Understand your coverage, view authorizations and referrals, and let us know if you have additional health insurance.



### My Accounts

Track your out-of-pocket costs for health care services. If you have a Horizon *MyWay* HSA, you can access it here.



### Wellness

We can help you feel your best every day with our wellness programs.



### **ID** Cards

View, print and request additional member ID cards online. You can even show your doctor the online version of your member ID card.



### **Doctors & Care**

Get the care you need when you need it. Here you can find an in-network doctor, hospital or other health care professional.



## Your Horizon BCBSNJ member ID card



If you lose your Horizon BCBSNJ member ID card or need to visit a doctor before you receive one, you can access it online.

## To view and print your member ID card:

Sign in to **HorizonBlue.com/inspira**, choose *ID Cards* and follow the on-screen instructions.

You can also print a copy of your member ID card as proof of coverage. To print a copy of your member ID card, click *Print* below the image.

### Need a new member ID card?

To request a new member ID card, follow online instructions to view your member ID card. Then, select *Request a New ID Card* under the image of your member ID card. You will receive a new card in approximately five to 10 business days.



Sample OMNIA Health Plan member ID card.



Sample Horizon MyWay member ID card.



## Health plans overview



### OMNIA<sub>SM</sub> Health Plan

If you're an OMNIA Health Plan member, you're benefitting from an innovative approach to health care delivery that provides more organized, personalized and coordinated care.

You and your covered dependents will receive the highest level of benefits at the lowest out-of-pocket costs when you use Inspira Health facilities, doctors and other health care professionals. You can access an up-to-date listing of Inspira Health Inner Circle providers and facilities at HorizonBlue.com/inspira. Once on the site, go to the Services menu and select Find a Provider. Then choose Find an Inspira Provider to use the Inner Circle search tool.

While you are encouraged to get care from the Inner Circle, you will also save on out-of-pocket costs when you use OMNIA Tier 1-designated doctors, hospitals and other health care professionals. Your plan also covers all medically necessary care and services provided or arranged by doctors, hospitals and other health care professionals in Tier 2.

Please note that with an OMNIA Health Plan, there are no out-of-network benefits, except in the case of an emergency.

You can find an in-network provider by visiting **HorizonBlue.com/inspira**. Once on the site, go to the Services menu and select Find a Provider. Then choose Find an Inspira Provider. Once in the search tool, select OMNIA Health Plan from the Choose a Plan to Start menu.

## Getting lab work

With your OMNIA Health Plan, you will receive the highest level of benefits when you receive lab services at an Inspira Health-owned facility or Inner Circle Provider. If you do not receive treatment from Inspira Health, you are required to use either a free-standing LabCorp or Quest facility, which carries a \$30 copayment, or the outpatient department of an in-network facility, for which the appropriate deductible and coinsurance for your plan will apply.



## Health plans overview



## Horizon MyWay<sup>SM</sup> Health Savings Plan (HSA) with BlueCard PPO®

Your Horizon MyWay HSA works together with the BlueCard PPO plan to give you flexibility in how you spend your health care dollars and which health care professionals you use.

Your Horizon MyWay HSA belongs to you, and the money is yours to keep. You don't pay any taxes on the money you put in or take out, as long as you use it for eligible medical expenses.

Under the BlueCard PPO medical plan, you are responsible for eligible medical expenses, including prescription drugs, up to the deductible. You receive a higher benefit when you stay in network, and your in-network benefit is the same regardless of whether your doctor, hospital or other health care professional is in the Inspira Health Inner Circle. For out-of-network care, in addition to meeting your deductible, you are required to pay a percentage of the plan allowance as well as the difference between the allowance and the health care professional's charges, if applicable.

You can find an in-network provider by visiting **HorizonBlue.com/inspira**. From the *Services* menu, select *Find a Provider*, and choose the link for the *National Doctor and Hospital Finder for the Horizon PPO with Horizon MyWay HSA Plan*.

Once you are enrolled in this plan, you can view your Horizon *MyWay* HSA online when you sign in at **HorizonBlue.com/inspira**.

Once signed in:

- > Choose My Accounts.
- Select the Horizon MyWay piggy bank icon to access your Horizon MyWay account.

Once you have registered at **HorizonBlue.com/inspira**, you also can access your Horizon *MyWay* account through the Horizon *MyWay* app, which you can download from the App Store® or Google  $Play^{TM}$ . You can sign in to the app using your **HorizonBlue.com/inspira** sign-in information.



## OMNIA<sub>SM</sub> Health Plan

Benefit	Inspira Health Inner Circle	OMNIA Tier 1	Tier 2/BlueCard®		
	Member Responsibility				
Deductibles and Coinsurance					
Individual Deductible	\$0	\$2,000	\$2,500		
Family Deductible	\$0	\$4,000	\$5,000		
Coinsurance	100%	50%	60%		
Office visits					
Primary Care	100% covered	\$25 copayment	\$80 copayment		
Specialist	\$30 copayment	\$50 copayment	\$160 copayment		
Preventive care					
Routine adult physicals, Ob/Gyn exams, Pap tests, mammograms, prostate cancer screening, immunizations, etc.	100% covered	100% covered	100% covered		
Well-child exams	100% covered	100% covered	100% covered		
Diagnostic procedures <sup>1</sup>					
Laboratory (non-routine)	100% covered	\$30 copayment covered in office or independent lab	\$30 copayment covered in office or independent lab		
		50% in outpatient facility (after deductible)	60% in outpatient facility (after deductible)		
X-ray/radiology services (non-routine)	100% covered	\$40 copayment in office or freestanding facility; \$250 copayment in office or freestanding facility for complex radiology services (e.g., MRI)	60% in office or freestanding facility or for complex radiology services (e.g., MRI) (after deductible)		
		50% in outpatient facility (after deductible)	60% in outpatient facility (after deductible)		
Hospital care					
Inpatient admission	100% covered	50% after \$1,000 copayment per admission (after deductible)	60% after \$1,000 copayment per admission (after deductible)		
Surgery	100% covered	50% (after deductible)	60% (after deductible)		
Outpatient department services	100% covered	50% (after deductible)	60% (after deductible)		
Emergency care					
Emergency Room	100% covered after \$100 facility copayment	100% covered after \$100 facility copayment	100% covered after \$100 facility copayment		
Ambulance	100% covered	100% covered	100% covered		
Outpatient surgery					
In hospital	100% covered	50% after \$500 copayment (after deductible)	60% after \$500 copayment (after deductible)		
In ambulatory surgical center	100% covered	50% after \$500 copayment (after deductible)	60% after \$500 copayment (after deductible)		
Other services					
Durable medical equipment	100% covered	100% covered	100% covered		
Short-term therapies: Physical/occupational/speech/cognitive (40-visit maximum per therapy)	\$30 copayment in office or freestanding facility	\$50 copayment in office or outpatient facility	100% covered after \$160 copayment in office only		
		50% at an inpatient facility (after deductible)	60% at an inpatient or outpatient facility (after deductible)		
Chiropractic care (40-visit maximum)) <sup>2</sup>		100% covered after \$50 copayment	100% covered after \$160 copayment		
Adult vision (non-routine care)	\$30 copayment in office or freestanding facility	100% covered after \$50 copayment	100% covered after \$160 copayment		
Maximum Out-of-Pocket (MOOP) <sup>3,4</sup>					
Individual	\$5,750	\$5,750	\$5,750		
Family	\$11,500	\$11,500	\$11,500		



<sup>&</sup>lt;sup>1</sup> Prior authorization for advanced imaging services is required.

<sup>2</sup> No Inner Circle providers available as of January 2019.

<sup>3</sup> Medical and prescription drug combined.

<sup>4</sup> Includes deductible.

Highlighted boxes indicate services that are subject to your deductible.

The benefit highlights provided are for informational purposes.

## Horizon MyWay<sup>SM</sup> HSA and BlueCard PPO®

Benefit	In Network/BlueCard®	Out of Network			
Member Responsibility					
Deductibles <sup>1</sup> and Coinsurance					
Individual Deductible	\$2,000	\$2,000			
Family Deductible	\$4,000	\$4,000			
Coinsurance	100% covered	30% (after deductible)			
Office visits					
Primary Care	100% covered (after deductible)	30% (after deductible)			
Specialist	100% covered (after deductible)	30% (after deductible)			
Preventive care					
Routine adult physicals, Ob/Gyn exams, Pap tests, mammograms, prostate cancer screening, colorectal screening, immunizations, etc.	100% covered	30% (after deductible)			
Well-child exams	100% covered	30% (after deductible)			
Diagnostic procedures <sup>2</sup>					
Laboratory	100% covered (after deductible)	30% (after deductible)			
Outpatient X-ray/radiology services	100% covered (after deductible)	30% (after deductible)			
Hospital care					
Inpatient admission	100% covered (after deductible)	30% (after deductible)			
Surgery	100% covered (after deductible)	30% (after deductible)			
Outpatient department services	100% covered (after deductible)	30% (after deductible)			
Emergency care					
Emergency Room	100% covered (after deductible)	30% (after deductible)			
Ambulance	100% covered (after deductible)	100% covered (after deductible)			
Outpatient surgery					
In hospital	100% covered (after deductible)	30% (after deductible)			
In ambulatory surgical center	100% covered (after deductible)	30% (after deductible)			
Other services					
Durable medical equipment	100% covered (after deductible)	30% (after deductible)			
Short-term therapies: Physical/occupational/speech/cognitive (40-visit maximum per therapy)	100% covered (after deductible)	30% (after deductible)			
Chiropractic care (30-visit maximum)	100% covered (after deductible)	30% (after deductible)			
Adult vision (routine care)	100% covered (after deductible)	30% (after deductible)			
Maximum Out-of-Pocket (MOOP) <sup>1,3</sup>					
Individual	\$6,750	\$10,000			
Family	\$13,500	\$20,000			

<sup>&</sup>lt;sup>1</sup> Medical and prescription drug combined.



 $<sup>^{\</sup>rm 2}\,{\rm Prior}$  authorization for advanced imaging services is required.

Highlighted boxes indicate services that are subject to your deductible.

The benefit highlights provided are for informational purposes.

## My Health Manager



# On My Health Manager, powered by WebMD®, you can learn more about your current state of health and set goals for the future.

Did you know you can access your medical records, track data and get personalized health recommendations? It's all on *My Health Manager*. *My Health Manager* is our personalized, secure and confidential online tool that can empower you to better manage your health.

If you have health questions, you can use WebMD's extensive library of news and research to learn more. Plus, stay up-to-date on topics that interest you by customizing the content you see when you sign in to My Health Manager.

If you're looking to make a lifestyle change you can measure, check out *My Health Manager's* series of online wellness programs:

- > Conquer Stress Program: Try to reach a goal of "low stress" on at least 21 of 28 days.
- > Enjoy Exercise Program: Track your physical activity with the goal of daily exercise.
- **Eat Better Program:** Get in the habit of following the federal healthy nutrition guidelines.
- > Feel Happier Program: Track your mood as you identify activities that make you happier.
- **Lose Weight Program:** If you're interested in losing weight, try this program, which is designed to help you do so gradually.
- > Quit Tobacco: Do you want to quit smoking? This multi-phase program may help.

Access My Health Manager by signing in at HorizonBlue.com/inspira.



## Horizon Behavioral Health<sup>SM</sup>



Horizon Behavioral Health ensures that your medical and behavioral health services are integrated to help you better manage all aspects of your health.

Horizon Behavioral Health is committed to providing our members with access to safe, effective care. Services are available 24 hours a day, seven days a week.

Horizon Behavioral Health includes intensive case management and care management programs.

In addition, our autism care management program provides a dedicated team and resources that reinforce the comprehensive care approach. The program includes care management and integrated services coordination. Our autism program also puts the entire family at the center of care to help ensure each family member receives the support he or she needs.

For information about Horizon Behavioral Health, visit **HorizonBlue.com/inspira** or call **1-800-626-2212**.

## Horizon Dental



Horizon Dental plans, backed by more than 50 years of experience, offer comprehensive coverage with low out-of-pocket costs.

### **Dental Option Plan**

The Horizon Dental Option Plan gives you the freedom to receive dental services from any dentist.

When you use a dentist who participates with the Horizon Dental Option Plan, you maximize your benefits and save money. Additionally, when you use a dentist from the Horizon Dental PPO Network, you may save even more.

You will still receive a benefit for eligible services if you use an out-of-network dentist. Horizon Dental reimburses up to plan allowances, and charges above that allowance are your responsibility.



Sample Dental Option member ID card.

### Dental Choice Plan

The Horizon Dental Choice Plan typically covers 100 percent of all eligible preventive and basic services with no copayments, maximums or deductibles when receiving those services from your primary Horizon Dental Choice dentist. Care must be coordinated through that dentist.

Members enrolled in this plan who do not designate a primary dentist will be automatically assigned to the office of the dentist closest to your residential ZIP code.

## Finding a dentist

It's easy to find a dentist, so be sure to select a network dentist to save the most on out-of-pocket costs. Simply visit **HorizonBlue.com/doctorfinder**. In the search tool, select *Dentists* in the *What are you looking for?* field and enter the name of your dental plan in the *Choose a Plan to Start* field. Indicate your preferences and select *Search*.



## Getting help in other languages



1-833-876-3827

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call the phone number listed at the top of this page during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al 1-855-477-AZUL (2985) durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey)資料,您有權免費獲得以您的語言提供的協助。要與譯員聯絡,請在正常工作時間內撥打本頁頂部所列的電話號碼。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역가와 얘기하려면, 일반 업무 시간 중 본 페이지 상단에 있는 전화번호로 문의해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para o número de telefone listado no topo desta página durante o horário comercial normal.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઇ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કૃપા કરી સામાન્ય કારોબારી કલાકો દરમિયાન આ પૃષ્ઠની ટોચ પર સૂચિબદૂધ કરવામાં આવેલ ફોન નંબર પર કૉલ કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby porozmawiać z tłumaczem, zadzwoń pod numer podany na górze strony w regularnych godzinach pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, si prega di chiamare il numero in alto nella pagina in orario di ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Para makipag-usap sa isang interpreter, pakitawag sa numero ng telepono na nakalista sa itaas ng pahinang ito sa panahon ng karaniwang oras na may trabaho.

## Getting help in other languages

1-833-876-3827

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Чтобы поговорить с переводчиком, позвоните по номеру телефона, указанному в верхней части этой страницы, в рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo telefòn ki endike anlè paj sa a pandan lè biwo louvri.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइज़न ब्लू क़ॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्यसमय के दौरान इस पृष्ठ के ऊपर दिए गए फोन नंबर पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Để nói chuyện với phiên dịch viên, hãy gọi đến số điện thoại ở đầu trang này trong giờ làm việc.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler à un interprète, veuillez composer le numéro de téléphone figurant en haut de cette page pendant les heures normales de travail.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitįįh bee shiká' a'doowoł ninízingo éí bee ná'ahoot'i' dóó doo bááh ílíní da. Ata' halne'é ła' bich'į' hadeeszih ninízingo éí díí námboo hódahgo biká'ígíí éí nida'anish góne' oolkiłíí bik'echo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey، لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. من أجل التحدث مع مترجم فوري، يرجي الاتصال برقم الهاتف الموجود في أعلى هذه الصفحة أثناء ساعات العمل.

Urdu (ا**ردو**): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلاً کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم معمول کے کاروباری اوقات میں اس صفحہ کے اوپر درج فون نمبر پر کال کریں۔

## 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 to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

### **Contacting Member Services**

Please call Member Services at 1-800-355-BLUE (2583) (TTY/TDD 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, including:

- > Claim, benefits or enrollment inquiries
- > Lost/stolen ID cards
- > Address changes
- > Any other inquiry related to your benefits or health plan

### Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability 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

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)

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





### Follow us:







## HorizonBlue.com/inspira

Horizon BCBSNJ uses many sources to calculate its reimbursement rate for out-of-network services, including industry resources provided by entities such as FAIR Health, the Centers for Medicare & Medicaid Services (CMS), and other databases. Horizon BCBSNJ uses these fee schedules to calculate a reimbursement allowance that corresponds to your out-of-network benefits, taking into account your coinsurance, copayment or any other cost-share liability (usually expressed as a percentage) and any out-of-network deductibles. PLEASE CONSULT YOUR BENEFIT BOOKLET OR CONTACT YOUR GROUP ADMINISTRATOR OR HORIZON BCBSNJ MEMBER SERVICES FOR INFORMATION REGARDING THE SPECIFIC REIMBURSEMENT METHOD OR FEE SCHEDULE FOR OUT-OF-NETWORK SERVICES APPLICABLE TO YOUR PLAN. For additional information on out-of-network benefits, visit HorizonBlue.com/oon.

WebMD is an independent company offering health information and wellness education to Horizon BCBSNJ members. WebMD® is a registered mark of WebMD, LLC. WebMD, LLC is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

The App Store® is an online store and is a service mark of Apple, Inc. Google Play™ is a trademark of Google, Inc.

All other trademarks and trade names are the property of their respective owners.

The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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