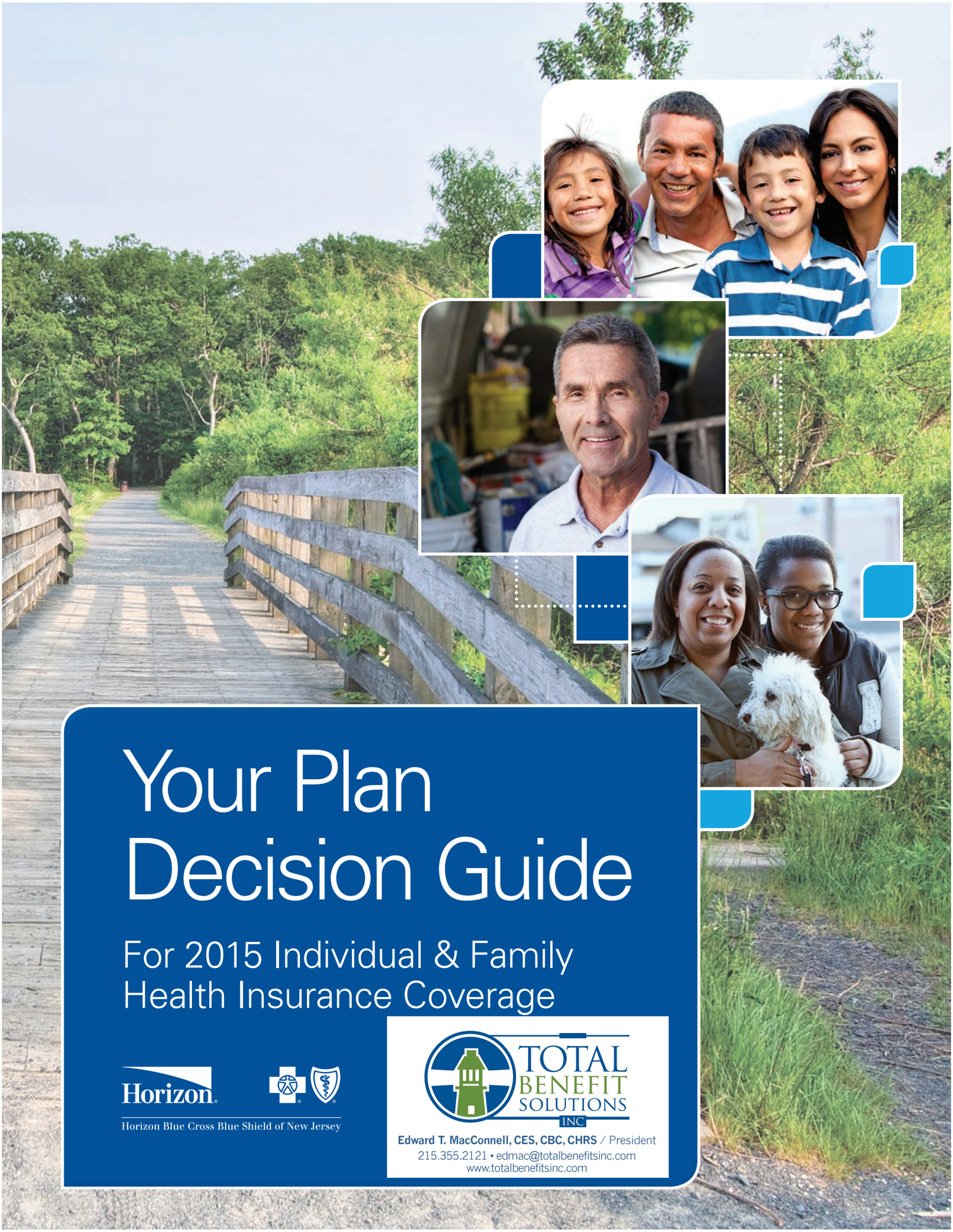

Your Plan Decision Guide

For 2015 Individual & Family Health Insurance Coverage

Horizon

Horizon Blue Cross Blue Shield of New Jersey

TOTAL BENEFIT SOLUTIONS INC

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www.totalbenefitsinc.com

Horizon Blue Cross Blue Shield of New Jersey is here for you with answers to your questions and understanding of your needs.

Look to us for:

AFFORDABLE HEALTH INSURANCE OPTIONS

For 2015, we offer an expanded range of plan choices grouped by "metal"—Gold, Silver and Bronze—including a patient centered plan and new lower-cost options. Not sure which one is right for you? We can help you select an affordable Horizon BCBSNJ plan that fits your needs and budget.

FINANCIAL ASSISTANCE

Depending on your age, income and family size, government assistance may help you save on monthly premiums and medical services. You may be surprised to learn that most people qualify for some assistance. We can help you find out if you're one of them.

Here are three more reasons why you should choose Horizon BCBSNJ—New Jersey's largest, most trusted health insurer:

- New Jersey's largest network of doctors and hospitals*
- Prescription drug coverage that's accepted at 98% of pharmacies across the state
- The strength and stability that comes with more than 80 years of experience and over 3.7 million members

It all adds up to peace of mind.

*Applies to Advantage plans only. Advance plans use a subset of managed care network providers that includes fewer providers.

In this guide…

You'll find the information you need to make smart choices about health coverage.

WHY HEALTH INSURANCE?
Find out why you should have health insurance, and see if you qualify for financial assistance to help pay for it.

Page 2

COMPARE PLAN TYPES
Learn about health plan types and how they differ.

Page 4

COMPARE BENEFITS
See coverage details for each of our plan options.

Page 6

LEARN ABOUT DENTAL COVERAGE & PERKS
Review your dental coverage options and learn about additional features you get as a Horizon BCBSNJ member.

Page 10

GET READY TO ENROLL
Start with our checklist to help you gather the information you'll need. Then, enroll online, by phone or by filling out an enrollment form.

Page 12

Why do I need health insurance?

Even if you're generally healthy, you could get sick or injured. And if you don't have health coverage, medical care can be expensive.

That's why the Affordable Care Act says that nearly everyone needs to have health insurance. You may think you don't need health insurance, but by sharing the cost of medical care across all of us—even those of us who are healthy right now—health insurance makes care affordable when you *do* need it.

Health insurance helps pay for doctors, medical tests, hospitalization and prescription drugs. To help you stay well, it also pays for routine preventive care. Of course, how much your coverage will pay—and how much you'll pay—depends on the plan you choose. Read on to learn all about our individual health plans, how to compare costs and benefits, and how to pick the one that's right for you.

Am I required to buy health insurance?

Yes. If you don't have health coverage, you could be subject to a penalty on your next year's tax return. Wouldn't it be better to put your money toward health coverage (and possibly getting help to pay for it) rather than toward paying a penalty?

To buy an individual health plan from Horizon BCBSNJ, you must:

» Be a New Jersey resident

» Not be covered under another group or employer health plan

» Not be eligible for Medicare*

**If you're eligible for Medicare, Horizon BCBSNJ has other options for you. Visit Medicare.HorizonBlue.com or call 1-877-234-1240.*

Can I get help with paying for health insurance?

Under the Affordable Care Act, you may qualify for financial help from the government:

Premium assistance reduces your monthly cost for coverage, which means you pay less out of pocket.

You may also qualify for:

Cost-sharing subsidies, which lower the amount you have to pay in deductibles, copayments and coinsurance.

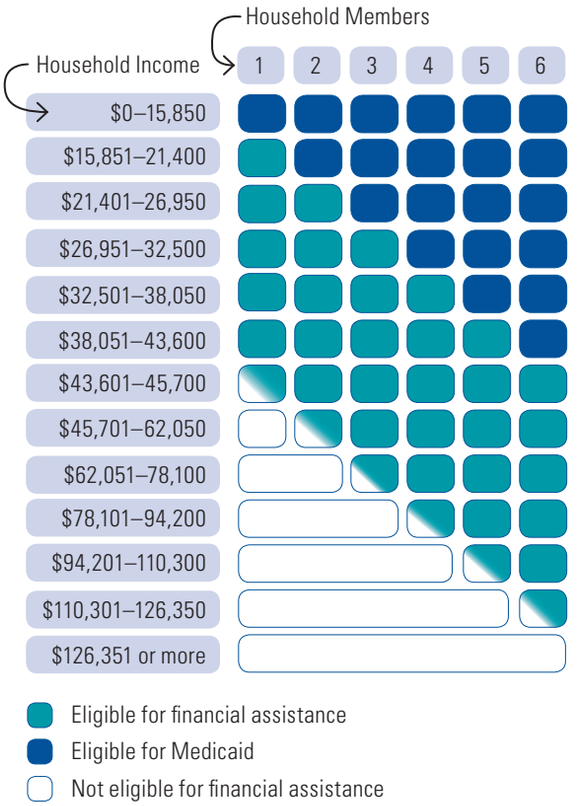
How much assistance could I get?*

That depends on your household income and the number of people in your household, along with other factors. The chart to the right will give you a good idea. For a more complete financial assistance estimate, visit **HorizonBlue.com/Estimator**.

1. Find the number of people in your household, including yourself, at the top of the chart.
2. Choose the dollar range on the left that comes closest to your household income.
3. Find the spot where your Household Members column and your Household Income row meet. If you land on a colored box, you may be able to get help with paying for health insurance.
4. Think you may qualify for help? Several factors besides household income and size can affect your eligibility.

   Visit **HorizonBlue.com/Estimator**, answer a few questions and find out just how much you could save.
5. Write your estimated premium assistance amount (if any) from **HorizonBlue.com/Estimator** below.

MY ESTIMATED MONTHLY ASSISTANCE: _____



What's next?

If you entered an estimated premium assistance amount above, keep it in mind as you review our plans and benefits.

Whether or not you qualify for financial help, keep reading to learn about our health plans and how to choose the one that's best for you.

Note: If you're eligible for Medicaid, Horizon BCBSNJ has other options for you. Please visit **HorizonNJHealth.com** or call **1-800-637-2997** to learn more.

**This is only an estimate. This estimate does not constitute a promise or offer of financial assistance from Horizon BCBSNJ to purchase health insurance. The actual amount you may be eligible for when you apply for an insurance policy on the health insurance marketplace may vary based upon age, household income, household size, ZIP code and effective date.*

For more information contact your independent broker Total Benefit Solutions Inc (215)355-2121 http://www.totalbenefits.net

Compare Plan Types

Gold, Silver or Bronze?

Under the Affordable Care Act, individual health plans are organized by "metal." The idea is to make it easy for you to compare similar plans from different insurers.

Each metal—Gold, Silver and Bronze—corresponds to how much you pay versus how much we pay.

In addition to plans at the Gold, Silver and Bronze levels, Horizon BCBSNJ offers a low-cost, high-deductible Essentials plan for individuals under age 30.

GOLD

» Higher monthly premiums
» 80% coverage (you pay 20%)
» Good choice if you expect to use a fair amount of medical services

SILVER

» Mid-level monthly premium
» 70% coverage (you pay 30%)
» Cost-sharing subsidies may be available
» Good choice if you want a balance between monthly premiums and out-of-pocket expenses

BRONZE

» Low monthly premium
» 60% coverage (you pay 40%)
» Good choice if you don't expect to use a lot of medical services

ESSENTIALS

» Low monthly premiums
» Highest deductible
» 100% coverage after deductible
» Good choice if you are under age 30, healthy and don't expect to use a lot of medical services

Advance or Advantage?

For individuals and families, Horizon BCBSNJ offers two kinds of plans. Each provides medical and pharmacy benefits, including wellness and emergency care.

		HORIZON ADVANCE EPO	HORIZON ADVANTAGE EPO
PCP	Each member must choose a Primary Care Physician (PCP) to coordinate care.	✔	
	Choosing a Primary Care Physician is not required, but out-of-pocket costs are lower when a PCP coordinates care.		✔
Specialists	A PCP referral is needed in order to see a specialist.	✔	
	No referral is needed to see a specialist.		✔
Hospitals	Hospitals with the P icon in our provider directory will cost less. Other hospitals in the Horizon Managed Care Network are available to you, but will cost more.	✔	
	Access to hospitals participating in the Horizon Managed Care Network.		✔
		GOLD	GOLD
		SILVER	SILVER
		BRONZE	BRONZE
			ESSENTIALS

Terms to know:

Premium: What you pay each month for health insurance coverage.

Copayment: The amount you must pay for each medical visit to a participating doctor or other health care provider, usually at the time of service.

Coinsurance: The percentage of a covered charge that you are responsible for. For example, if you have 20% coinsurance, your plan pays 80% of covered charges and you pay 20%.

Deductible: The amount of covered charges you must pay each year before benefits are paid by your plan.

Out-of-Pocket Maximum: The most you must pay for covered health care services during a plan year. Once you have reached your out-of-pocket maximum, your plan pays 100% of covered costs for the rest of the year.

What's an EPO?

EPO stands for Exclusive Provider Organization. Horizon EPO plans offer affordable care when you use participating doctors, specialists and hospitals. Depending on the plan you choose, you may need to select a PCP who will coordinate your care and make referrals to specialists when needed. Except for emergency care, out-of-network care is not covered.

What's Patient Centered Care?

With the new Horizon Patient Centered Advantage EPO Silver plan, your care is coordinated by your Patient Centered doctor, along with a team of health professionals who closely monitor your health and respond to your specific needs. Along with covered preventive services, medical screenings and wellness programs, you'll have access to New Jersey's largest patient centered network. It's all part of our commitment to transforming health care delivery with superior member experience and care.

Under 30 years old? Check out the Horizon Essentials Plan

A low-cost option that complements an active, healthy lifestyle.

Questions to consider:

How much medical care do you typically use?

A lot — You see doctors often, and not only for preventive care. You may have a chronic condition and/or take maintenance medications.

Consider: Gold or Silver plans with higher premiums, but lower deductibles and out-of-pocket costs.

Not much — You get an annual checkup and preventive care, but rarely see doctors otherwise.

Consider: Silver or Bronze plans with lower premiums, but higher deductibles and out-of-pocket costs; Essentials plan (under age 30 only).

Would you pay more for greater flexibility?

No — You will need a Primary Care Physician (PCP) referral to see a specialist. Hospitals with the P icon in our provider directory will cost less.

Consider: Advance EPO plans. You must select a (PCP).

Yes — You won't need a Primary Care Physician (PCP) referral to see a specialist.

Consider: Advantage EPO plans. You can choose a PCP, but it's not required.

Are you under age 30 and generally healthy?

No

Consider: Gold, Silver or Bronze plans.

Yes

Consider: Advantage EPO Essentials plan with a low premium but high deductible, and no copayment for your first three PCP visits each year.

Are you eligible for cost-sharing subsidies?

You must choose a Silver plan in order to take advantage of them.

Plans & Benefits

Things to consider when choosing a plan…

All plans include 10 categories of essential health benefits.

» **Advance Plans** require a referral before you can see a specialist. Where you see two numbers for a deductible or coinsurance amount, the first applies if you get services at P hospitals and the second if you use services at non-P hospitals. Check the provider directory at Directory.HorizonBlue.com for details.

» **Advantage Plans** don't require a Primary Care Physician or specialist referrals.

» **The Patient Centered Advantage Plan** offers additional savings when you choose a Patient Centered doctor to coordinate your care.

» **The Essentials Plan** is a low-cost, high-deductible option designed for healthy individuals under age 30.

» **Gold, Silver and Bronze** plan levels correspond to how much you pay versus how much Horizon BCBSNJ pays when you get care.

Terms to know

» **Premium:** What you pay each month for health insurance coverage.

» **Copayment:** The amount you must pay for each medical visit to a participating doctor or other health care provider, usually at the time of service.

» **Coinsurance:** The percentage of a covered charge that you must pay.

» **Deductible:** The amount you must pay each year for covered charges before benefits are paid by your plan.

» **Out-of-Pocket Maximum:** The most you must pay for covered health care services during a plan year.

How to choose a plan:

1. **Unfold the table to the right.**
2. **Compare benefits.** For each plan, you can see the annual deductible and maximum out-of-pocket expense, along with copayments and coinsurance amounts for typical services.
3. **Check costs.** What you'll pay depends on several factors, including the plan you choose, whom you'll be covering, where you're located and whether you qualify for assistance.

   Monthly premium rates for each plan appear on pages 8 and 9. To find out if you're eligible for premium assistance or cost-sharing subsidies, please visit HorizonBlue.com/Estimator, call 1-888-425-5611 or call your broker.
4. **Choose a plan.**

BENEFITS
Premium
General Provisions
Primary Care Physician (PCP) Required?
Out-of-Network/Area Coverage?
Individual Deductible
Family Deductible
Individual Maximum Out-of-Pocket
Family Maximum Out-of-Pocket
Health Care Services
PCP Office Visits & Consultations
Specialist Visits & Consultations
Diagnostic Tests and imaging
Lab/Radiology/Imaging PCP Office
Lab/Radiology/Imaging Specialist Office
Lab/Radiology/Imaging Outpatient
Pharmacy Services
Generic Drugs
Preferred Brand Drugs
Non-Preferred Brand Drugs and Specialty Drugs
Outpatient Surgery Services
Both Hospital & Physician/Surgeon
Both Ambulatory Surgical Hospital and Physician/Surgeon
Emergency/urgent medical services
ER Hospital
ER Professional/Medical Transportation
Urgent Care Center
Hospital Services
Hospital
Physician/Surgeon
Behavioral Health/Substance Abuse
PCP
Specialist Office Visit
Outpatient/Inpatient
Maternity Services
Delivery and All Inpatient Services
Other Services
In-home Health Care
Rehabilitation, Hospice & Skilled Nursing Care—Inpatient
Durable Medical Equipment
Chiropractic Care—30 visits per year maximum

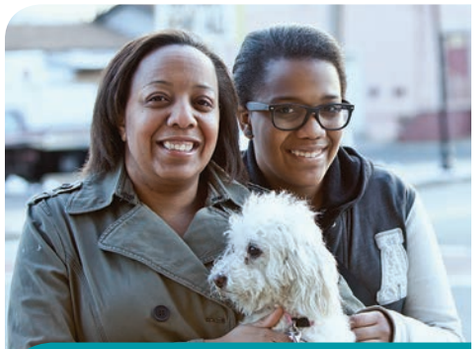
Horizon **Advantage** EPO Plans

GOLD	SILVER	PATIENT CENTERED SILVER	BRONZE	ESSENTIALS
$$$$$	$$$$	$$$	$$	$
No; higher copayment	No; higher copayment	No; higher copayment	No; higher copayment	No; higher copayment
No	No	No	No	No
$1,000	$2,000	$2,000	$2,500	$6,600
$2,000	$4,000	$4,000	$5,000	$13,200
$4,000	$6,350	$5,000	$6,350	$6,600
$8,000	$12,700	$10,000	$12,700	$13,200
$15 copayment	$25 copayment	Patient Centered PCP: $20 copayment PCP: deductible then $30 copayment	Deductible then $30 copayment	$0 copayment for three visits then deductible
$30 copayment	$50 copayment	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$15 copayment	$25 copayment	Patient Centered PCP: $20 copayment PCP: deductible then $30 copayment	$30 copayment	Deductible then 0% coinsurance
$30 copayment	$50 copayment	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$10 copayment (retail) $20 copayment (home delivery)	$15 copayment (retail) $30 copayment (home delivery)	Deductible then $10 copayment (retail) $20 copayment (home delivery)	Deductible then 50% coinsurance	Deductible then 0% coinsurance
40% coinsurance	40% coinsurance	Deductible then 40% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
50% coinsurance	50% coinsurance	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$100 copayment & deductible, then 20% coinsurance	$100 copayment & deductible, then 40% coinsurance	$100 copayment & deductible, then 30% coinsurance	$100 copayment & deductible, then 50% coinsurance	$100 copayment & deductible, then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$30 copayment	$50 copayment	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$15 copayment	$25 copayment	Patient Centered PCP: $20 copayment PCP: deductible then $30 copayment	Deductible then $30 copayment	Deductible then 0% coinsurance
$30 copayment	$50 copayment	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$15 copayment	$25 copayment	Patient Centered PCP: $20 copayment PCP: deductible then $30 copayment	Deductible then $30 copayment	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance	Deductible then 0% coinsurance
$15 copayment	$25 copayment	Patient Centered PCP: $20 copayment PCP: deductible then $30 copayment	Deductible then $30 copayment	Deductible then 0% coinsurance

Horizon **Advance** EPO Plans

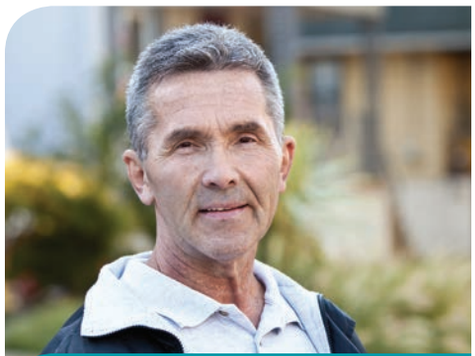
GOLD	SILVER	SILVER 40/70%	BRONZE
$$$$	$$$	$$	$
Yes	Yes	Yes	Yes
No	No	No	No
P $1,000 / non- P $2,000	P $1,500/ non- P $2,500	P $2,000 / non- P $2,500	P $2,500 / non- P $2,500
P $2,000/ non- P $4,000	P $3,000/ non- P $5,000	P $4,000/ non- P $5,000	P $5,000/ non- P $5,000
P $2,500/ non- P $4,000	P $5,000/ non- P $6,350	P $5,000/ non- P $6,600	P $6,600/ non- P $6,600
P $5,000/ non- P $8,000	P $10,000/ non- P $12,700	P $10,000/ non- P $13,200	P $13,200/ non- P $13,200
$15 copayment	$30 copayment	Deductible then $40 copayment	Deductible then $40 copayment
$30 copayment	Deductible then 30% coinsurance		Deductible then 40% coinsurance
$15 copayment	$30 copayment	Deductible then $40 copayment	Deductible then $40 copayment
$30 copayment	Deductible then 30% coinsurance		Deductible then 40% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
$10 copayment (retail) $20 copayment (home delivery)	Deductible then 30% coinsurance		Deductible then 50% coinsurance
40% coinsurance	Deductible then 30% coinsurance		Deductible then 50% coinsurance
50% coinsurance	Deductible then 30% coinsurance		Deductible then 50% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
Deductible then 20% coinsurance	Deductible then 30% coinsurance		Deductible then 40% coinsurance
$100 copayment & deductible, then P 20% or non- P 40% coinsurance	$100 copayment & deductible, then P 30% or non- P 50% coinsurance		$100 copayment & deductible, then P 40% or non- P 50% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
$30 copayment	Deductible then 30% coinsurance		Deductible then 40% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
$15 copayment	$30 copayment	Deductible then $40 copayment	Deductible then $40 copayment
$30 copayment	Deductible then 30% coinsurance		Deductible then 40% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
$15 copayment	$30 copayment	Deductible then $40 copayment	Deductible then $40 copayment
Deductible then P 20% or non- P 40% coinsurance	Deductible then P 30% or non- P 50% coinsurance		Deductible then P 40% or non- P 50% coinsurance
Deductible then 20% coinsurance	Deductible then 30% coinsurance		Deductible then 40% coinsurance
$15 copayment	$30 copayment	Deductible then $40 copayment	Deductible then $40 copayment

Compare Benefits



"It's peace of mind knowing that my daughter has Horizon."

Nadine
Elmwood Park, New Jersey



"Horizon took the confusion away."

John
Maple Shade, New Jersey

All our health insurance plans include these 10 categories of essential health benefits:

- Outpatient services, such as diagnostic tests and minor surgeries
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance-abuse-disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including vision care

No matter which Horizon BCBSNJ plan you choose, you'll have comprehensive health coverage you can rely on.

Want to find out if your doctor or hospital is in our network?

1. Go to Directory.HorizonBlue.com and search by your doctor's name, location or specialty.
2. See which networks your doctor participates in.
   - For Horizon Advance EPO plans, look for: ✔ **Horizon Advance EPO.**
   - For Horizon Advantage EPO plans, look for: ✔ **Horizon Advantage EPO.**
   - You can look up specialists in the same way.
   - You can identify Patient Centered doctors by looking for the icon.
3. See if a hospital is in network.
   - For Horizon Advance EPO plans, look for: ✔ **Horizon Advance EPO**. When you select a participating hospital identified with the P icon, your out-of-pocket costs will be lower.
   - For Horizon Advantage EPO plans, look for: ✔ **Horizon Advantage EPO**.

Any doctor or other health care provider you choose must participate in your Horizon BCBSNJ EPO health plan. Except for an emergency, any care you get from a provider who doesn't participate in your plan's network will not be covered, and you will be responsible for the total cost.

Monthly Premiums

Here are the monthly premium rates for our Horizon BCBSNJ plans. **Your premium may be less** if you qualify for financial assistance from the government. To see if you qualify, use our online estimator at **HorizonBlue.com/Estimator**.

To calculate your monthly premium:

1. Choose a plan and write its name on your worksheet to the right.
2. In the column under that plan name, find the row for your age to see your monthly premium. Enter your age and the premium in the worksheet.
3. Do the same for each adult and child under age 21 in your family. All your entries must be for the same plan in the same column.
4. Your estimated monthly premium will be the total of the rates for each person on the plan, based on their ages, after subtracting any estimated assistance.
5. Need to cover more than three children under age 21? You pay only for the first three.

Questions? Visit **Buy.HorizonBlue.com**, call **1-888-425-5611** or contact your broker.

If you qualify for premium assistance, you can apply it to any Gold, Silver or Bronze plan. But if you also qualify for cost-sharing subsidies, you must select a Silver plan to take advantage of them.

Advance EPO

Age	Gold	Silver	Silver 40/70%	Bronze
0–20	$ 214.37	$ 170.51	$ 156.87	$ 138.67
21	337.60	268.51	247.03	218.37
22	337.60	268.51	247.03	218.37
23	337.60	268.51	247.03	218.37
24	337.60	268.51	247.03	218.37
25	338.95	269.59	248.02	219.25
26	345.70	274.96	252.96	223.61
27	353.80	281.40	258.89	228.85
28	366.97	291.87	268.52	237.37
29	377.77	300.47	276.43	244.36
30	383.17	304.76	280.38	247.85
31	391.27	311.21	286.31	253.09
32	399.38	317.65	292.24	258.33
33	404.44	321.68	295.94	261.61
34	409.84	325.98	299.90	265.10
35	412.54	328.12	301.87	266.85
36	415.24	330.27	303.85	268.60
37	417.94	332.42	305.83	270.34
38	420.65	334.57	307.80	272.09
39	426.05	338.86	311.75	275.59
40	431.45	343.16	315.71	279.08
41	439.55	349.60	321.64	284.32
42	447.32	355.78	327.32	289.34
43	458.12	364.37	335.22	296.33
44	471.62	375.11	345.10	305.07
45	487.49	387.73	356.71	315.33
46	506.40	402.77	370.55	327.56
47	527.66	419.69	386.11	341.32
48	551.97	439.02	403.90	357.04
49	575.94	458.08	421.44	372.54
50	602.95	479.56	441.20	390.01
51	629.62	500.78	460.72	407.26
52	658.99	524.14	482.21	426.26
53	688.70	547.77	503.95	445.48
54	720.77	573.28	527.41	466.22
55	752.84	598.78	550.88	486.97
56	787.61	626.44	576.33	509.46
57	822.72	654.37	602.02	532.17
58	860.20	684.17	629.44	556.41
59	878.76	698.94	643.02	568.42
60	916.24	728.75	670.45	592.66
61	948.65	754.52	694.16	613.63
62	969.92	771.44	709.72	627.38
63	996.59	792.65	729.24	644.63
64+	1012.79	805.53	741.09	655.11

Advantage EPO

Age	Gold	Silver	Patient Centered Silver	Bronze	Essentials
0–20	$ 252.29	$ 200.85	$ 189.20	$ 177.34	$ 115.51
21	397.31	316.30	297.96	279.28	181.91
22	397.31	316.30	297.96	279.28	181.91
23	397.31	316.30	297.96	279.28	181.91
24	397.31	316.30	297.96	279.28	181.91
25	398.90	317.57	299.15	280.40	182.64
26	406.85	323.89	305.11	285.99	186.28
27	416.38	331.49	312.26	292.69	190.64
28	431.88	343.82	323.88	303.58	197.74
29	444.59	353.94	333.41	312.52	203.56
30	450.95	359.00	338.18	316.99	206.47
31	460.49	366.60	345.33	323.69	210.84*
32	470.02	374.19	352.48	330.39	215.20*
33	475.98	378.93	356.95	334.58	217.93*
34	482.34	383.99	361.72	339.05	220.84*
35	485.52	386.52	364.10	341.28	222.30*
36	488.70	389.05	366.49	343.52	223.75*
37	491.87	391.58	368.87	345.75	225.21*
38	495.05	394.11	371.25	347.99	226.66*
39	501.41	399.17	376.02	352.46	229.57*
40	507.77	404.24	380.79	356.92	232.48*
41	517.30	411.83	387.94	363.63	236.85*
42	526.44	419.10	394.79	370.05	241.03*
43	539.15	429.22	404.33	378.99	246.85*
44	555.05	441.88	416.25	390.16	254.13*
45	573.72	456.74	430.25	403.28	262.68*
46	595.97	474.45	446.94	418.92	272.87*
47	621.00	494.38	465.71	436.52	284.33*
48	649.61	517.16	487.16	456.63	297.43*
49	677.82	539.61	508.32	476.46	310.34*
50	709.60	564.92	532.15	498.80	324.90*
51	740.99	589.90	555.69	520.86	339.27*
52	775.56	617.42	581.61	545.16	355.09*
53	810.52	645.26	607.83	569.74	371.10*
54	848.26	675.31	636.14	596.27	388.38*
55	886.01	705.36	664.44	622.80	405.66*
56	926.93	737.93	695.13	651.57	424.40*
57	968.25	770.83	726.12	680.61	443.32*
58	1012.36	805.94	759.20	711.61	463.51*
59	1034.21	823.34	775.58	726.97	473.52*
60	1078.31	858.45	808.66	757.97	493.71*
61	1116.45	888.81	837.26	784.79	511.17*
62	1141.48	908.74	856.03	802.38	522.63*
63	1172.87	933.73	879.57	824.44	537.01*
64+	1191.93	948.90	893.87	837.84	545.73*

Your worksheet

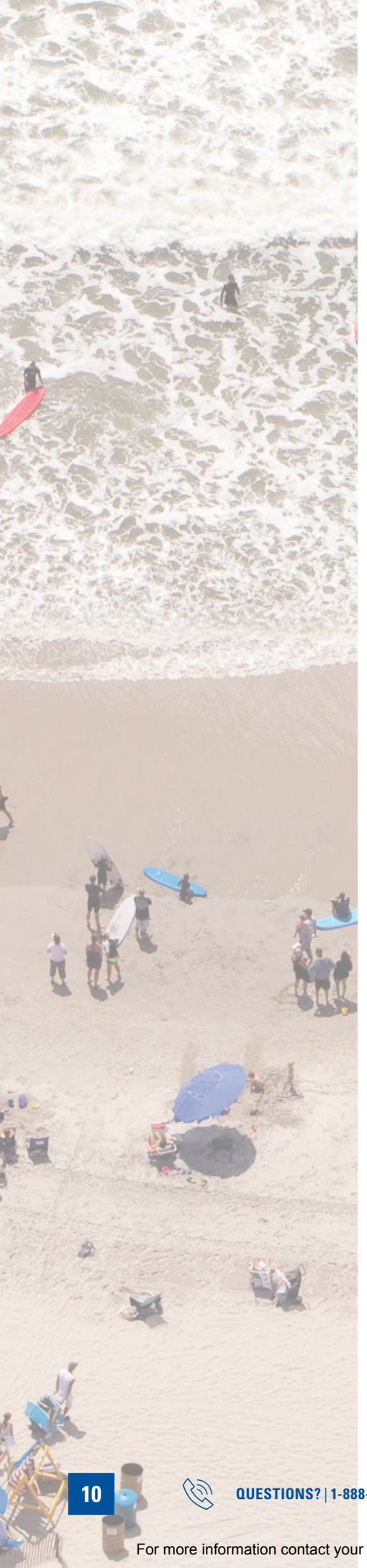
Plan Choice:

		Age	Amount
	Yourself:		
+	Spouse/Civil Union/ Domestic Partner:		
+	Other Adult Dependent:		
+	Other Adult Dependent:		
+	Child 1:		
+	Child 2:		
+	Child 3:		
+	Child 4 or more:		**Free!**
	Subtotal:		
–	Estimated Assistance: *from page 3*		
	Your Estimated Monthly Cost:		

Plan Choice:

		Age	Amount
	Yourself:		
+	Spouse/Civil Union/ Domestic Partner:		
+	Other Adult Dependent:		
+	Other Adult Dependent:		
+	Child 1:		
+	Child 2:		
+	Child 3:		
+	Child 4 or more:		**Free!**
	Subtotal:		
–	Estimated Assistance: *from page 3*		
	Your Estimated Monthly Cost:		

**If you're age 30 or over and receive certification for catastrophic coverage, you may be eligible to choose the Advantage EPO Essentials plan.*



Learn about Dental Coverage

Covering a child under age 19?

Under the Affordable Care Act, you're required to purchase comprehensive pediatric dental coverage for children covered under your family plan. To help you meet this requirement, we offer Horizon Young Grins dental coverage.

HORIZON YOUNG GRINS DENTAL PLAN

The Horizon Young Grins dental plan emphasizes prevention and early intervention through routine oral screenings and evaluations, all to help keep those young grins healthy and looking their best.

Note: Do you have comprehensive pediatric dental coverage from another insurer? Just let us know, and we'll waive the Horizon Young Grins coverage requirement for your children. The additional monthly premium for Horizon Young Grins coverage is $29.78 per child under age 19. For three or more children under age 19, you'll pay a maximum of $89.34 monthly.

Want dental coverage for yourself and your adult dependents?

Horizon BCBSNJ offers two options:

HORIZON INDIVIDUAL DENTAL

Provides 100% coverage for preventive, diagnostic and most basic services with no deductible, copayments or maximums. Major services are available at a discounted rate.

Note: You must use dentists who participate in the Horizon Dental Choice network.

HORIZON CENTURION DENTAL

Provides up to a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting.

Note: You must use dentists who participate in the Horizon Dental PPO network.

To learn more about these adult dental options, call **1-800-4DENTAL (433-6825)**.

Additional Features

All Horizon BCBSNJ health insurance plans include Horizon Wellness at no additional cost. Horizon Wellness has three easy ways to help you be happy and healthy:

Living: Programs and support for better health beyond the doctor's office.

Savings: Spend less money on the things that help you get healthy.

Tools: Trackers, calculators and more to make life easier and healthier.

LIVING

- Maternity Program
- Complex Case Management
- Exercise Program
- Stress Management Program
- Social Support & Rewards
- Mental Health Services
- Nutrition Program
- Weight Management Program
- Chronic Care Program
- Health Topics
- Emotional Health Program

SAVINGS

- Healthy Discounts

TOOLS

- 24/7 Nurse Line
- Hospital Advisor
- Online Health Records
- Symptom Checker
- Treatment Cost Advisor
- Weight Tracker

Horizon Wellness

Get Ready to Enroll

Gather this information:

- ☐ **Your individual or household income** *(based on pay stubs, last year's tax return, etc.)*
- ☐ **Whether health coverage is available from any household member's employer** *(if any household member's employer offers health coverage, or will be offering coverage starting in 2015)*
- ☐ **Personal information for each household member to be covered:**
  - ☐ Full Legal Name
  - ☐ Birth Date
  - ☐ Social Security Number

TOTAL BENEFIT SOLUTIONS INC

215.355.2121 • www.totalbenefitsinc.com

Choose the enrollment method you prefer:

Think you may qualify for financial assistance from the government? You must choose one of these methods:

Online at Buy.HorizonBlue.com

By phone at '

By contacting your broker

You will **not be eligible** for financial assistance from the government if you choose this method to enroll:

By downloading and filling out an enrollment form

Need a different language?

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-425-5611.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-425-5611.

Chinese (中文): 如果需要中文的帮助, 1-888-425-5611.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-888-425-5611.

Additional language translation services and Text Telephone (TTY) service for the hearing-impaired are available at no additional cost.

Horizon Blue Cross Blue Shield of New Jersey is a Qualified Health Plan issuer in the Health Insurance Marketplace.

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Put our caring team of experts to work for you. Enroll with confidence today!

We're New Jersey's most trusted name in health insurance. For more than 80 years, we've been providing answers and understanding, helping with medical care when you need it, and offering programs that can help you live a healthier life.

Horizon BCBSNJ is transforming how health care is delivered in New Jersey. We offer access to the largest network of patient-centered practices, all committed to superior member experience and care.

Today, over **3.7 million members**—your family, neighbors and friends—rely on Horizon BCBSNJ for health, prescription and dental coverage.

POCKET IS FPO

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