



Horizon HMO Away From Home Care Program Member Handbook

Horizon



Horizon Blue Cross Blue Shield of New Jersey



HorizonBlue.com

Welcome!

This guide is designed to make it easy for you to understand and access all the benefits and services available to you as a Horizon Blue Cross Blue Shield of New Jersey member through the Away From Home Care Program.

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We speak your language

Spanish (Español): Para obtener asistencia en Español, llame al **1-855-477-AZUL (2985)**.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-800-355-BLUE (2583)**.

Chinese (中文): 如果需要中文的帮助, **1-800-355-BLUE (2583)**.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' **1-800-355-BLUE (2583)**.

Additional language translation services and Text Telephone (TTY) service for the hearing impaired are available at **1-800-855-2881** at no additional cost.

At Horizon BCBSNJ we are proud of our commitment to diversity and inclusion among our employees, members, doctors and business partners. Diversity is part of who we are as a Company. We embrace and value differences of culture, education, experience and perspective in our workplace. For more information, please visit HorizonBlue.com/diversity.

We're thrilled to have you as a member through the Away From Home Care Program!

*Are you ready to get the most from
your health plan? Follow these steps:*

1. Always carry your member ID card

It's the key to all your Horizon Blue Cross Blue Shield of New Jersey benefits. Show it when you see your Primary Care Physician (PCP) or other health care professionals or go to a hospital. **Please note:** Your ID card will be mailed to you. Watch for it!

2. Get to know your plan

Start with this guide. It will help you understand what's covered and what's not, as well as how to use your benefits. Check our website for news and updates.

3. Go online

Register for Member Online Services at [Register.HorizonBlue.com](https://www.HorizonBlue.com), then sign in at [HorizonBlue.com/members](https://www.HorizonBlue.com/members). You'll find members-only benefit details, helpful health and wellness tools and more.

4. Choose your Primary Care Physician

Your plan covers medical services provided by doctors and hospitals that participate in our network and accept Horizon HMO. Start by choosing a PCP. Your PCP will take care of you when you're sick and help you stay healthier all year round. Visit [HorizonBlue.com/doctorfinder](https://www.HorizonBlue.com/doctorfinder) and select *Horizon HMO* from the *Choose a Plan to Start* drop down.

5. Save money

Enjoy member-exclusive discounts on fitness and healthy living services. Visit [Blue365deals.com/HorizonBCBS](https://www.Blue365deals.com/HorizonBCBS) for details.

Plan Facts

Name: Horizon HMO (Away From Home Care Program) See page 9.

The Away From Home Care Program only covers eligible medical benefits. For prescription coverage, please use your Home Blue Plan benefits and ID card.

Nonparticipating Doctors/Hospitals:

Except for emergency care, services by health care professionals and hospitals that don't participate with Horizon HMO are not covered.

Need help?

Member Online Services:
[HorizonBlue.com/members](https://www.HorizonBlue.com/members)

Member Online Services and our Interactive Voice Response (IVR) system are available 24 hours a day, seven days a week.

Our Frequently Asked Questions (FAQ) section give easy to follow step-by-step instructions on how to get your information on Member Oline Services. Visit: [HorizonBlue.com/faqs](https://www.HorizonBlue.com/faqs).

Or, send us your inquiry through our secure *My Message Center* on Member Online Services.

Member Services:
1-800-355-BLUE (2583)

Hearing Impaired:
711

Representatives are available Monday, Tuesday, Wednesday and Friday, between 8 a.m. and 6 p.m., Eastern Time and Thursday, between 9 a.m. and 6 p.m., ET.

24/7 Nurse Line:
1-888-624-3096

Get answers to all your health questions.



Horizon Connect Retail Center

If you're in the area, stop by and meet the team of experts at our retail center, *Horizon ConnectSM*.

Where: 1680 Nixon Drive, Moorestown, New Jersey

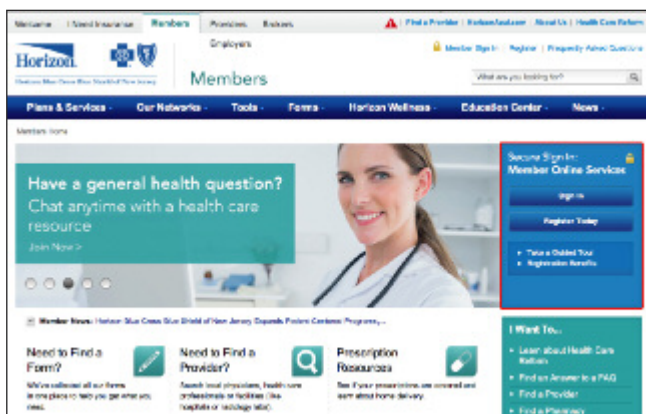
When: Open Monday through Friday, between 9 a.m. and 7 p.m., and Saturday, between 9 a.m. and 4 p.m., ET.

To make an appointment and register for events, visit Connect.HorizonBlue.com.

At *Horizon Connect*, you can:

- Get answers to questions you may have about your plan and benefits.
- Pick up informational materials.
- Learn all about our health and wellness tools.
- Attend health fairs and special events with local doctors, nurses, pharmacists and other health care professionals.
- Purchase health insurance plans.

Use Member Online Services



Our secure Member Online Services site is available to you 24 hours a day, seven days a week.

If you haven't already, register at Register.HorizonBlue.com.

If you are registered, visit HorizonBlue.com/members and log in with your user name and password.

Through Member Online Services, you can see detailed information about your plan, benefits and claims. You can also take advantage of health and wellness tools, educational resources and more. You can even use helpful tools from *WebMD*® to securely store and track your personal health information.

To learn more, view our *At a Glance* video on HorizonBlue.com/members:

- Click *Education Center*
- Click *Video Learning Library*
- View *Member Online Services – At a Glance*

Get the App*

The Horizon Blue app gives you access to Member Online Services in the palm of your hand. You can check plan benefits, find a participating doctor and even display your Horizon BCBSNJ member ID card, all on the screen of your web-enabled phone.

* Available for iPhone® and Android™ devices.

Try our mobile website at Mobile.HorizonBlue.com.



Understanding your health insurance

Health insurance may seem complicated and confusing, but it doesn't have to be. At Horizon BCBSNJ, we're committed to helping you understand your health insurance plan – how it works, how to use it and how you can get the most out of it.

Why do you need health insurance?

None of us plan to get sick or injured, but it happens, and it can be costly. That's why health insurance exists.

Health insurance pays for doctors, medical tests, hospitalization and prescription medicine when you need them. Because you have health insurance from Horizon BCBSNJ, we'll help pay for your covered medical expenses. Your Home Blue Plan will pay for eligible prescriptions, if you are enrolled in a prescription plan.

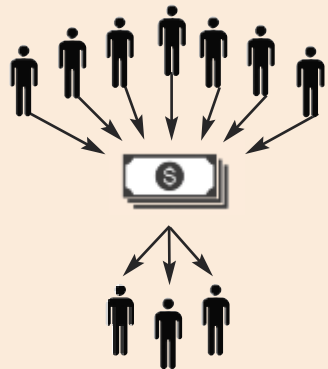
When and how much health insurance pays depends on your plan. But when you consider that fixing a broken leg can cost up to \$7,500 and a three-day hospital stay averages \$30,000, you can see why having health insurance is important.

What is insurance?

Insurance is a way of sharing costs and risks among a large group of people.

When you sign up and pay your premiums, you're contributing to a pool of money. That money is used when someone – you, your family member, your neighbor or anyone else who is covered by the insurance – makes a valid claim.

Insurance works because, at any time, many more people are contributing (paying premiums) than are making claims. The insurer's job is to manage the premiums and levels of coverage so there will always be enough money to pay claims for covered services.



What do you pay?

Each insurance plan is different. That's why understanding your plan and benefits is important. Knowing about your coverage will help you make the best health care choices and avoid unexpected expenses.

You'll find complete plan details in your Summary Plan Description (SPD) but generally, this is how your health insurance works:

- Each time you see a participating doctor or other health care professional, you may be asked to pay a fixed amount called a **copayment**.
- For some services, you may pay **coinsurance** – a set percentage of how much we agree to cover for a service (the amount agreed upon by your participating provider is also known as our **allowed amount**). For example, if we agree to pay a doctor \$100 for a covered service and your plan has 30 percent coinsurance, we would pay \$70 and you would be responsible for \$30.

Important Terms

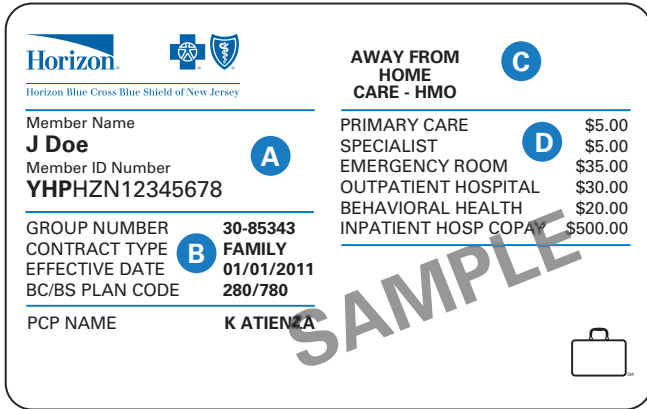
Copayment – The amount you must pay for each medical visit to a participating doctor or other health care professional. Your copayment amounts are listed on your Horizon BCBSNJ member ID card.

Coinsurance – The percentage of a covered charge that the insurer pays. For example, if your plan has 80 percent coinsurance, you are responsible for 20 percent of covered charges. Coinsurance does not include deductibles, copayments and charges for non-covered services.

Health Maintenance Organization (HMO) – A managed care plan in which a member receives his/her health care from health care professionals participating in a managed care network. A member chooses a Primary Care Physician (PCP) who is responsible for coordinating all aspects of medical care for the members who have selected him/her. These responsibilities include personally providing medical care or referring the member to specialty care physicians, other health care professionals and inpatient facilities.

Your ID card

Your Horizon BCBSNJ ID card is essential for your access to medical care while enrolled in the Away From Home Care Program. Use your ID card each time you receive medical care from a doctor or specialist.



- A** The name and Horizon BCBSNJ member ID number for the member enrolled in the Away From Home Care Program
- B** Group information, which identifies you as a Host member in the Away From Home Care Program
- C** The Plan name
- D** Copayment amounts when treated by in-network doctors and hospitals



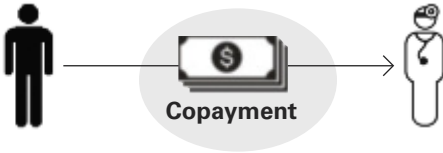
Don't forget – except for emergency care, nonparticipating doctors, hospitals and services are generally not covered under your plan. If you use a nonparticipating doctor or other health care professional, you will be responsible for the total cost.

Use our *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder to find participating doctors and health care professionals near you.

What to expect

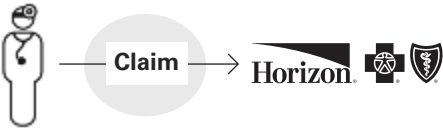
If you've never had health insurance before, you may not know what to expect. In general, here's how it works:

Step 1



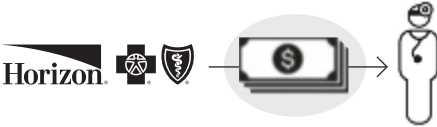
Copayment – A copayment may be due when you see a participating doctor or other health care professional (**Step 1**).

Step 2



The doctor or other health care professional's office files a claim (**Step 2**), showing which services you received. We process each claim according to the terms of your plan.

Step 3



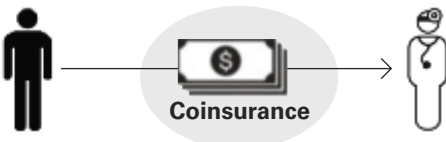
If we owe a payment for covered services, we pay the participating doctor or other health care professional directly (**Step 3**).

Step 4



Explanation of Benefits (EOB) – After we process your participating doctor's or other health care professional's claims, we send you a Horizon BCBSNJ EOB only if you have member responsibility, other than your copayment (**Step 4**). Your EOB is also available when you sign in to Member Online Services.

Step 5



This EOB statement shows what we paid the doctors or other health care professionals for each service and any amount you may still owe in coinsurance to the doctor or other health care professional (**Step 5**).

What to expect (continued)

You can also view EOB statements for all claims when you sign in to Member Online Services and click on the claim number or view the EOB link. **You can sign up to stop receiving EOBs in the mail and instead get an email notifying you when a new EOB is available to view online.**

Medical Bills – After you see a participating health care professional, you may not get a medical bill. But you should expect one if you owe a copayment or coinsurance, or if there are any charges for services that aren't covered under your plan. **Services provided by nonparticipating doctors, hospitals and facilities are generally not covered under your plan, and you will be responsible for the total cost of those services.**

Participating health care professionals are not permitted to *balance bill* you for any difference between their charges and Horizon BCBSNJ's maximum allowed amount for a covered service. For example, your doctor charges \$200 for a service, and we allow \$100 for that service. Because your doctor accepts the negotiated rate from Horizon BCBSNJ, the total payment your doctor gets – our payment plus your coinsurance plus any copayment – is \$100. Your doctor can't bill you for the \$100 balance.

Of course, if you get any services that aren't covered under your plan, you'll be responsible for paying the doctor's total charges for those services.

Understanding the Away From Home Care Program

The Away From Home Care Program covers you for medically eligible care and services while you are out of your Blue Plan's coverage area. Your Home Blue Plan is the plan in which you are originally enrolled. Once you return home, your benefits will revert to your original Blue Plan.

While enrolled in Horizon BCBSNJ's Away From Home Care Program, your benefits may not be exactly the same as your Home Blue Plan's benefits. Please ensure you read all materials provided by Horizon BCBSNJ.

Your Horizon HMO plan through the Away From Home Care Program covers medically necessary care and services provided or arranged by doctors, health care professionals and hospitals participating in Horizon HMO plans.

Under the Away from Home Care Program, you must select a Primary Care Physician (PCP). In general, PCPs are licensed family practitioners, general practitioners, internists, pediatricians or health care professionals specializing in obstetrics and gynecology who have passed our credentialing process. They have agreements with us to participate in the Horizon Managed Care Network.

Check your Horizon BCBSNJ member ID card or refer to your Summary Plan Description (SPD) for specific out-of-pocket costs, benefit information and exclusions.

For more information, you can:

- Visit HorizonBlue.com/faqs.
- Sign in to Member Online Services at HorizonBlue.com/members to send us your question through our secure Message Center.
- Speak to a Member Services Representative at **1-800-355-BLUE (2583)**, Monday through Wednesday and Friday from 8 a.m. to 6 p.m. ET and Thursday, from 9 a.m. to 6 p.m. ET.

Finding participating doctors

Need to find a participating health care professional or hospital? Check the *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder. You will need to select *Horizon HMO* from the *Choose a Plan to Start* drop down menu.

- **Primary Care Physicians (PCPs):** Choose *All PCPs* from the *Specialty* drop down menu.
- **Specialists:** Choose the appropriate specialty from the drop down menu. Look for **participating** specialists with **Horizon HMO** in the search results. A referral is needed to see a specialist.
- **Hospitals: Horizon HMO** members can see any hospital in the Horizon Hospital Network.

To learn more, watch our *Doctor & Hospital Finder* video on HorizonBlue.com/members.

- Click *Education Center*
- Click *Video Learning Library*
- View *Doctor & Hospital Finder*

You can also read patient-submitted reviews of participating doctors here in New Jersey, as well as doctors who participate with other Blue Plans with our **Physician Review Tool**. You can also submit your own reviews after visiting participating doctors. You can find it by visiting HorizonBlue.com/members and signing in to Member Online Services, under the *Tools and Resources* tab.

Remember – Services provided by doctors, other health care professionals, hospitals and facilities that do not participate in Horizon HMO are not covered. You'll be responsible for the total cost of any services you get from nonparticipating health care professionals, except in an emergency.

Benefit highlights

<i>Health Care Services</i>	<i>You May Pay¹</i>	<i>Limitations & Exceptions</i>
Primary Care Physician (PCP) office visits	Copayment	PCP selection is required.
Specialist office visits and consultations	Copayment	Referral required.
Other practitioner office visits	Copayment	
Preventive care, screenings, immunizations	No Charge ²	PCP only: One routine physical per calendar year.
Well child care, screenings, immunizations	No Charge	PCP only.
<i>Tests and Imaging</i>	<i>You May Pay¹</i>	
Laboratory services ³	No Charge	Copayment if outpatient department is used.
X-Ray/radiology services	No Charge	Copayment if outpatient department is used.
<i>Hospital Services/Outpatient Surgery</i>	<i>You May Pay¹</i>	
Hospital fee	Copayment	
Doctor/surgeon fee	Copayment	
Ambulatory surgical center	Copayment	
<i>Emergency and Urgent Medical Services</i>	<i>You May Pay¹</i>	
Emergency Room services	Copayment	\$0 if admitted.
Emergency Room services – health care professional	Copayment	\$0 if admitted.
Emergency medical transportation (e.g., ambulance)	No Charge	Authorization required in nonemergency situations.
Urgent care center	Specialist Copayment	
<i>Behavioral Health and Substance Abuse Services</i>	<i>You May Pay¹</i>	
Outpatient/inpatient services	Copayment	
<i>Maternity Services</i>	<i>You May Pay¹</i>	
Prenatal and postnatal care	Copayment	Initial visit only.
Delivery and all inpatient services	Copayment	

Please note: A referral from your PCP is required for most specialty care and nonemergency hospitalizations. Some specialty care (excluding routine Ob/Gyn services) and nonemergency hospitalizations must receive prior authorization by Horizon BCBSNJ before you receive services. Horizon BCBSNJ will not pay for services or supplies that are not covered under your health benefits contract.

Limitations and exclusions

Prior authorization: Under your plan, Horizon BCBSNJ must authorize all nonemergency hospitalizations and some specialty care services (except for routine Ob/Gyn) before you receive these types of services.

Non-covered services: Your Horizon HMO plan does not pay for services or supplies that are not covered under your policy. If there is a discrepancy between the information contained in your Summary Plan Description (SPD) and this Member Handbook, your SPD will prevail. Please refer to your SPD for more details or call Member Services.

Benefit highlights (continued)

<i>Recovery/Special Health Services Exceptions</i>	<i>You May Pay¹</i>	<i>Limitations & Exceptions</i>
In-home health care	No Charge	100 days per calendar year.
Rehabilitation services	Copayment	
Skilled nursing facility – Extended care center	No Charge	60 days per calendar year.
Durable medical equipment (DME)	Coinsurance	
<i>Vision Care Services</i>	<i>You May Pay¹</i>	
Eye exam	Specialist Copayment	One routine exam per benefit period.
Frames/Lenses		Not covered.
<i>Other Covered Services</i>	<i>You May Pay¹</i>	
Chiropractic care	Copayment	12 visits per year.

¹ Refer to your Horizon BCBSNJ member ID card or SPD for your specific copayment and coinsurance amounts and specific benefit information and exclusions, or call Member Services at **1-800-355-BLUE (2583)** with questions.

² For most members preventive care services are not subject to a copayment.

³ Laboratory Corporation of America® (LabCorp) and AtlantiCare Clinical Laboratories are Horizon BCBSNJ's participating testing facilities. If you use a testing facility other than LabCorp or AtlantiCare Clinical Laboratories, ***your tests will not be covered and you will have to pay the total cost of services.***

Please refer to your SPD for more information.

What if you get a medical bill?

Whenever you see a participating PCP or other health care professional with Horizon HMO, you'll be asked for a copayment, if one applies. For all other charges, your PCP should bill us directly by filing a claim.

After we process your PCP's or other health care professional's claim, we will generate a Horizon BCBSNJ Explanation of Benefits (EOB) within 21 days that explains what we paid and what you may owe. You may also go online to view this information by signing in to Member Online Services and clicking *Claims*. You may also receive a bill from your PCP for your share of costs.

Always keep a copy of your medical bills for your records.

If you need to add a dependent to your plan or your Away From Home Care Program coverage, please contact your Home Blue Plan.



Before you pay any participating health care professional's medical bill, check it against your Horizon BCBSNJ EOB to see what we paid and how much you may owe. Remember, you can see current and past claims any time by signing in to Member Online Services at HorizonBlue.com/members and clicking on the claim number.

Choosing your Primary Care Physician

If you haven't done so already, selecting your Primary Care Physician (PCP) is one of the first things you should do. Your PCP is a health care professional who will know your medical situation and coordinate your care.

Under your Horizon HMO plan through the Away From Home Care Program, you are required to choose a PCP.

All participating doctors must meet Horizon BCBSNJ's high standards. To select your PCP, search our *Online Doctor & Hospital Finder* at [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder). You must choose *Horizon HMO* from the *Choose a Plan to Start* drop down menu to begin your search. You can also call Member Services.

PCP Responsibilities

The doctor you choose as your PCP will be your main resource for health care services. He or she will:

- Handle most of your medical care in his or her own office.
- Perform most of your annual wellness and preventive health exams.
- Take care of your emergency care needs when possible.
- Refer you to a participating specialist or health care professional when medically necessary.
- Get referrals and prior authorizations from Horizon BCBSNJ for medically necessary services.
- Help coordinate the care you get from specialists and other participating health care professionals to whom you have been referred.
- Be available on call (or appoint a covering doctor to be available) 24 hours a day, seven days a week.

Changing your PCP

Want to switch your PCP? You can change your PCP at any time, either online or by phone.

To select a new PCP:

Online

Visit HorizonBlue.com/doctorfinder and look for a participating PCP. You must select *Horizon HMO* from the *Choose a Plan to Start* drop down menu to begin your search. Once you've chosen a new PCP, you can complete the change by signing into HorizonBlue.com/members and clicking *Change My Doctor*.

By phone

Call Member Services at **1-800-355-BLUE (2583)** at any time to change your PCP through our Interactive Voice Response system. Or, call the same number on Monday, Tuesday, Wednesday and Friday between 8 a.m. and 6 p.m., and on Thursday between 9 a.m. and 6 p.m., ET, to speak with a Member Services Representative.

Once you make a change using any of these methods, we will send you a letter confirming your new PCP. You may start seeing your new PCP 14 days after notifying us of the change.

Be sure to have your medical records transferred to your new PCP.

If you do not have online access, you may call Member Services to have information about participating doctors sent to you.

Medical records

Have your medical records transferred to your newly selected PCP. You can do this by sending the *Transfer of Medical Records Form* (on page 49) to your former PCP. There may be a nominal cost from your former doctor to transfer your records.

How to make an appointment

Whenever you have medical concerns or questions, simply call your PCP's office for an appointment.

Access Standards

To make sure you can get the medical care you need when you need it, we developed Physician Access Standards for participating PCPs and Ob/Gyns.* These health care professionals follow our Physician Access Standards when scheduling appointments with you.

Emergency Care – Immediate care

Refers to *a medical condition of such severity that a prudent layperson would call for immediate medical attention and care* (to learn more, please see [Section 4: Getting Urgent & Emergency Care](#)).

Urgent Care – Care within 24 hours

Refers to medically necessary care for an unexpected illness or injury.

Routine Care – Care within two weeks

Any condition or illness that does not require urgent attention or is not life-threatening, as well as routine gynecological care.

Routine Physical Exam – Care as soon as possible, but not to exceed four months from the date of your call

Refers to an annual health assessment, as well as routine gynecological exams, for new and established patients.

* Applies to doctors who are directly under contract with Horizon BCBSNJ.

Office Waiting Time

Horizon BCBSNJ's PCPs and other participating doctors are expected to keep office waiting room time to 30 minutes or less from the time of your scheduled appointment or when you arrive at the office, whichever is later. If your wait is longer than 30 minutes, you should be given the choice to reschedule or continue waiting.

Nights and Weekends

Your PCP should be reachable 24 hours a day, seven days a week. When your PCP is not available, he or she should refer you to a covering doctor who can help you. This includes if your PCP is unavailable during normal business hours.

If you believe your condition requires emergency care, follow the medical-emergency procedures in **Section 4: Getting Urgent & Emergency Care**.

Have a medical question? Call the 24/7 Nurse Line.

When you have a non-emergency medical question, our 24/7 Nurse Line* is ready to help at no cost to you.

The 24/7 Nurse Line is available 24 hours a day, seven days a week to help you make wise health care decisions. Our team of registered nurses can help you understand a medical problem, review treatment options, answer questions about medications, assist with questions to ask your PCP and more. Sick or hurt? Our nurses will answer your questions and help direct you to the appropriate level of care or provide self-care tips so you can take care of your symptoms at home and feel better faster.

Call the 24/7 Nurse Line any time at **1-888-624-3096**. All calls are confidential.

24/7 Nurse Line Online

A health care resource can also assist you online. To chat live with a health care resource who can answer your questions and guide you to web pages containing information on health symptoms, wellness, medicines, up-to-date health care news and more, simply sign in to Member Online Services at **HorizonBlue.com/members**. Then, mouse over *Tools and Resources* and select *Nurse Chat* from the *Self-Service Tools* section.

* Nurses cannot diagnose problems or recommend specific treatment. They are not a substitute for your doctor's care. In the event of an emergency or if you believe you have a life-threatening medical situation, please go to the nearest hospital or call **911** or your local emergency number.

How to get specialist care

A specialist is a doctor who *specializes* in taking care of a particular bodily system or disease. Cardiologists (heart care) and oncologists (cancer care) are two common types, but there are many more types of specialists.

Under your Horizon HMO plan through the Away From Home Care Program, a referral is needed to see a specialist in our network.

Referrals

Referrals play an important role in helping your PCP manage your care and coordinate the different care you may need. If you need specialty care, your PCP refers you to a specialist.

Referrals ensure that you get the highest level of benefit coverage from your health plan. Your health plan requires referrals before you receive certain care. Please know that:

- You do not have to bring a paper copy of the referral to the *referred to* doctor or facility. That doctor or facility can see this information online.
- You can ask your PCP to give you a copy of the referral confirmation or you can print a copy directly by logging in to Member Online Services at HorizonBlue.com/members.
- A referral process helps to better manage your care and ensures you are getting the highest level of benefit coverage from your health plan.

Prior authorization

Prior authorization means that Horizon BCBSNJ must approve certain specialty services before you receive them. Without proper authorization, you might receive services that are not covered by your plan, leaving you responsible for the total cost. To find out if you need prior authorization for a specific service, sign in to Member Online Services at HorizonBlue.com/members. Then:

- Click *My Plan*, then *Benefits*.
- Click *Additional Benefits* and select the benefit you want to learn more about.

You can also refer to your SPD for more details, or call Member Services at **1-800-355-BLUE (2583)**.

Behavioral health and substance abuse care

Please see page 25 for more information.

How to get a lab test

Laboratory Corporation of America® (LabCorp) and AtlantiCare Clinical Laboratories* are the exclusive in-network clinical laboratory providers for members enrolled in Horizon HMO plans. This means your eligible lab services are covered only if you use a LabCorp or AtlantiCare lab. When you need clinical laboratory tests, your PCP may collect specimens at his or her office or send you to a LabCorp or AtlantiCare patient service center.

If your PCP refers you to a lab, he or she will give you a LabCorp Requisition Form or a prescription. This form may also be used at AtlantiCare Clinical Laboratories. Simply present the form and your Horizon BCBSNJ member ID card when you check in.

If you use a testing facility other than LabCorp or AtlantiCare Clinical Laboratories, your tests will not be covered and you will have to pay their total cost. If you get a bill from LabCorp or AtlantiCare Clinical Laboratories, please call Member Services.

* AtlantiCare Clinical Laboratories works in collaboration with LabCorp.

LabCorp locations:

You can find the LabCorp Patient Service Center nearest you at labcorp.com/psc.

AtlantiCare Clinical Laboratories locations:

- Egg Harbor Township: 2500 English Creek Road, Building 900, Suite 910
- Hammonton: 120 South White Horse Pike
- Marmora: 210 South Shore Road, Suite 200
- Northfield: 802 Tilton Road, Suite 101
- Ocean City: 208 Asbury Avenue
- Pomona: Stockton Medical Center,
76 West Jimmie Leeds Road, Suite 202
- Ventnor: 6725 Ventnor Avenue, Suite B



Don't miss out on your preventive care benefits. Be sure to make appointments for physical examinations and related services well in advance.

How to get an X-ray or imaging scan (radiology)

Horizon BCBSNJ works with eviCore healthcare for nonemergency outpatient radiology and diagnostic imaging services. eviCore healthcare will help schedule and manage your outpatient radiology and diagnostic imaging, determine whether a service is medically necessary and confirm a location for the service.

Scheduling your tests

If your PCP decides that you need an X-ray or scan, he or she will ask you to call eviCore healthcare's easy-to-use Scheduling Line. You won't need a doctor referral for most radiology services. The eviCore healthcare scheduling staff will coordinate with the participating imaging center of your choice to schedule your exam and provide you with a confirmation number.

To make an appointment, call the eviCore healthcare Scheduling Line at **1-866-969-1254**, Monday through Friday, between 7 a.m. and 7 p.m., ET.

Advanced imaging procedures

Your PCP must call eviCore healthcare before you can receive any of these procedures:

- CT/CTA scans
- Diagnostic left-heart catheterization
- Echo stress tests
- Echocardiograms
- MRIs/MRAs
- Nuclear medicine studies (including nuclear cardiology)
- PET scans

For more information about X-rays and imaging, please refer to your SPD for coverage details.

Please note: If you schedule radiology services at a hospital outpatient department, your PCP must provide you with a referral form. You can make an appointment at a hospital outpatient department through eviCore healthcare's Scheduling Line, but eviCore healthcare cannot issue a confirmation number for a hospital referral.

What if you need to be hospitalized?

Your Horizon HMO plan offers coverage at **participating** hospitals in New Jersey and nearby in Pennsylvania and Delaware.

Remember to always check the *Online Doctor & Hospital Finder* at [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder) to find a participating hospital.

Remember – except for emergency care, services provided by hospitals that do not participate in the Horizon Hospital Network are not covered. You'll be responsible for the total cost of any services you get from nonparticipating hospitals except in an emergency.

For details about hospital coverage and cost sharing under your plan, please refer to your SPD.

Hospital Stays and Prior Authorization

If you need to be hospitalized, your PCP or other participating health care professional must contact us for prior authorization. Once your hospital stay has been authorized, we will give your PCP a prior authorization number.

If you need emergency care, go directly to the nearest hospital or emergency facility without worrying about finding a participating facility. If you are admitted into the hospital, you or the hospital's admitting staff need to call Horizon BCBSNJ to let us know.

It is the patient's responsibility to ensure that all authorizations and referrals are on file prior to having services rendered for any elective services.

How to get help with a serious condition

If you're diagnosed with a serious medical condition or told that you need major surgery, you may be eligible for the Horizon BCBSNJ Case Management Program.

Think of your Case Manager as your link to Horizon BCBSNJ, helping you navigate your coverage to get the right care at what could be a difficult, stressful time. Each Case Manager is a registered nurse who is trained to help you examine your options for available specialists, hospitals and medical care while maximizing your health plan benefits.

If you face a challenging medical condition, let our Case Managers help – at no additional cost to you. You can reach a Case Manager at **1-888-621-5894**, option **2**, Monday through Friday, between 8 a.m. and 5 p.m., ET.

Case Manager duties

A Horizon BCBSNJ Case Manager can educate you about your condition, help you get quality medical care, secure appropriate authorizations and connect you to valuable resources. If your medical condition requires hospitalization, your Case Manager will see that your follow-up needs are met when you leave the hospital.

Your Case Manager can also help you improve your health, work with you to prevent complications, help you live within the boundaries of a new health status and assist you and your family with adjusting to a new lifestyle that optimizes your quality of life.

What if you become pregnant?

If you become pregnant, your Horizon BCBSNJ health plan will be with you and your obstetrician every step of the way, with comprehensive prenatal and maternity coverage.

Partnering with your Ob/Gyn

Horizon BCBSNJ supports the American College of Obstetricians and Gynecologists' recommendation for 12 obstetrical visits during a normal pregnancy. Your obstetrician will decide how many visits are right for you.

If your obstetrician decides you need more specialized care, you may be referred to a Horizon BCBSNJ Case Manager. This registered nurse will help ensure that you and your unborn baby have the most appropriate care. To learn more about our case management services, please call **1-888-621-5894**, option **2**.

Maternity hospital stays

New mothers are certified for a hospital stay of 48 hours following a vaginal delivery or 96 hours following a caesarean section (c-section). Your hospital stay may be extended if your doctor thinks it's medically necessary. To be covered, your doctor will need to contact us for approval of the additional days.

Your doctor may decide that you're ready to leave the hospital early – within one day after a vaginal delivery or within two days after a c-section. If you do leave early, you are eligible for a home care visit to support your move from hospital to home. To be covered, your Ob/Gyn must schedule the visit to occur within seven (nurse/lactation consultant) to 14 days (home health aide) after you've left the hospital.

PRECIOUS ADDITIONS®

As an expectant mother, you may have questions and concerns about your pregnancy and delivery. When you enroll in the PRECIOUS ADDITIONS program, you will receive information about pregnancy, childbirth, the postpartum period and your child's first year of life. The program will help provide guidance for making healthy and safe choices during this special time.

To enroll in PRECIOUS ADDITIONS, please visit HorizonBlue.com/preciousadditions or call Member Services.

Maternity Health Coach

You also have access to a Maternity Health Coach through the 24/7 Nurse Line. Registered nurses will provide one-on-one counseling and educational support to help address your:

- Pregnancy concerns
- Health issues that might affect your pregnancy or delivery
- Questions that you may have before and after your pregnancy

Your Maternity Health Coach will help you throughout your pregnancy so you can feel comfortable about the healthy choices you make for you and your baby.

You can reach a Maternity Health Coach at **1-888-624-3096**, option **3**, Monday through Friday, between 8 a.m. and 8 p.m., ET.

Remember to contact your Home Blue Plan to enroll your new baby as a new dependent. Your Home Blue Plan is the Blue Plan you originally enrolled in, not Horizon BCBSNJ.

What if you need behavioral health or substance abuse care?

Your Horizon HMO plan includes behavioral health and substance abuse coverage. Horizon Behavioral HealthSM provides assistance for a wide range of emotional and relationship issues, depression, alcoholism, addictions and more, through an extensive network of health care professionals and facilities.

Available services

Behavioral health professionals offer a full range of counseling services, including:

- Individual and group psychotherapy
- Family counseling and crisis intervention
- Addiction recovery programs

Getting behavioral health and substance abuse care

For routine behavioral health or alcohol/substance abuse care*, please call Horizon Behavioral Health at **1-800-626-2212**.

Behavioral health and substance abuse care is available 24 hours a day, seven days a week. All calls are confidential.

Prior authorization is required for all behavioral health and substance abuse inpatient care. Routine outpatient hospital care and office visits don't require prior authorization, but do require coordination of care.

* Due to the confidential nature of these services, you may need to authorize the disclosure of treatment information during or after your course of treatment. Authorization might also be needed to allow any individual (including family members) to get a member's behavioral health/substance abuse treatment information.

Immediate care

You may experience an urgent medical condition – one that can't wait for a normal appointment but is not a true medical emergency, either.

For urgent care, contact your PCP or his or her covering doctor first. He or she can help you determine the type of care that is best for you.

Your immediate care options:

Your PCP

Call first, especially if you're not sure it's really an emergency. Your PCP may tell you how to treat the condition yourself, send you to the nearest urgent care center or make an appointment to see you as soon as possible.

Our 24/7 Nurse Line* (1-888-624-3096)

The 24/7 Nurse Line is always available to answer your medical questions. When you call, a registered nurse will help you decide whether a condition is urgent or a true medical emergency. *Please see page 17 for more information.*

Urgent Care Center

An urgent care center is a good alternative when you need care right away and you're not near your PCP's office. Plus, you'll probably have a much shorter wait for non-critical care than at an Emergency Room (ER). Your out-of-pocket costs may be less when you use an urgent care center over an ER. To find a participating urgent care center go to HorizonBlue.com/doctorfinder, select *Other Health Care Services* from the *What are You Looking For* drop down menu and select *Urgent Care Center* in the *Service Type* drop down menu.

Emergency Room

For treatment of a severe illness or injury, go to the nearest ER right away, or call **911** or your local emergency number.

* 24/7 Nurse Line nurses cannot diagnose problems or recommend specific treatment. The 24/7 Nurse Line is for informational purposes only. They are not a substitute for your doctor's care. In the event of an emergency or if you believe you have a life-threatening medical situation, please go to the nearest hospital or call **911** or your local emergency number.

Emergency care

In general, an emergency is defined as *a medical condition of such severity that a prudent layperson with average knowledge of health and medicine would call for immediate medical attention.*

If you reasonably believe that a condition is a medical emergency:

- 1. Go directly to the nearest Emergency Room (ER), or call 911 or your local emergency response number.**
- 2. Call your PCP.** In some situations, you may be able to call your PCP before you go to the ER. If you can't, call as soon as reasonably possible, or ask a family member or friend to call. It is important that your PCP be kept aware of your condition. Without this information, he or she cannot coordinate your care.

You do not need to call Member Services to notify us of a medical emergency.

Is it really an emergency?

Knowing the difference between urgent care and a medical emergency can save you time and money.

Urgent care situations include:

- Earache
- Moderate fever
- Sore throat
- Sprains

This is not a complete list of urgent care situations. For these and other common medical conditions, call your PCP or visit an urgent care center.

Medical emergencies include:

- Heart attacks and strokes
- Loss of consciousness
- Obvious bone fractures
- Poisoning
- Severe burns
- Wounds requiring sutures

This is not a complete list of emergency situations. For these and other serious or life-threatening conditions, seek immediate treatment by going to the ER, or calling **911** or your local emergency response number.

Medical emergency screening exam

Sometimes, you may not be sure if your condition requires emergency care. Your plan covers a medical emergency screening exam, which is an evaluation performed in a hospital Emergency Room (ER) by qualified health care personnel, to determine if a medical emergency exists. We'll cover the cost of the medical emergency screening exam. If the exam determines that an emergency does not exist, please follow up with your PCP.

If you continue to receive care at the ER after you have been advised that your condition is not a medical emergency, you will have to pay the total cost for any non-emergency-related services you receive.

ER copayments

Even if your PCP refers you to the ER, you'll have an ER copayment and you may also be responsible for a coinsurance. But if you're admitted to the hospital as an inpatient within 24 hours, we'll waive the ER copayment related to the ER.

Follow-up care after an ER visit

Contact your PCP. He or she should coordinate all medical emergency follow-up care. You do not need to call Member Services after you visit the ER.

Out-of-area coverage

You do not have coverage for nonemergency services through the Horizon HMO plan under the Away From Home Care Program for care or treatment outside the Horizon BCBSNJ service area.

Getting preventive care

One of your most important Horizon BCBSNJ benefits is our wellness and preventive care coverage. Taking advantage of your covered preventive care services – screenings, checkups and counseling – may improve your health and help you avoid illness. Best of all, routine participating preventive care is available at no additional cost to you.

We encourage you to visit your PCP for annual physical examinations. Early detection of any illness offers your best chance for recovery. Generally, your PCP will handle most of your preventive care services. Your PCP may order tests and X-rays, refer you to a participating specialist or arrange for other services if needed.

Well and preventive care coverage includes*:

- Annual physical exams
- Well child care (including immunizations and lead screenings)
- Cancer screenings (including colorectal, breast, cervical and prostate screenings)
- Tests (laboratory work, X-rays)
- Annual dilated retinal exams for members who have been diagnosed with diabetes

* This only applies to members enrolled in the Away From Home Care Program through Horizon BCBSNJ.

Childhood Immunizations

Are your children up to date on immunizations?

The Centers for Disease Control and Prevention (CDC) has recommended catch-up schedules for children and adolescents who start late or fall behind on their immunizations. Usually, there's no need to restart a vaccine series regardless of the time between doses. Ask your child's PCP for guidance.

For additional reasons to vaccinate children and adolescents in high-risk groups, as well as the recommended catch-up schedule, visit the CDC website at cdc.gov. You can also find immunization charts in English and Spanish at the CDC National Immunization Program site: cdc.gov/vaccines.

Preventive health guidelines

Horizon BCBSNJ is committed to helping our members get and stay healthy by supporting the recommendations from the Centers for Disease Control and Prevention (CDC) and other nationally recognized authorities for routine preventive screenings and immunizations. We encourage you to speak with your participating PCP about which screenings and immunizations are right for you. Here's where to start:

For adults

- Schedule annual physical exams.
- Ask your PCP about any additional screenings, examinations and immunizations that may be appropriate for you.

For children

- Talk to your child's PCP about specific recommendations for examinations, screenings, tests and vaccines.

For a complete list of the preventive health guidelines:

- Visit HorizonBlue.com/members.
- Mouse over *Horizon Wellness* and click *Wellness Messages*.

Please refer to your SPD for more details to find out which services and supplies are covered under your Horizon BCBSNJ benefits.

You can also sign in to Member Online Services at HorizonBlue.com/members. Then:

- Click *My Plan*.
- Select *Benefits*.
- Click *Additional Benefits*.

You can also call Member Service at the number on the back of your member ID card for additional questions or to request a hard copy of the preventive health guidelines.

Notes:

- Horizon BCBSNJ preventive health guidelines are continually reviewed and may change.
- Always discuss your particular preventive care needs with your PCP. He or she will help you decide which preventive care services are appropriate for you.
- Some of the services and supplies described in our preventive health guidelines may not be covered benefits under your health plan.

Health and wellness programs

Our Chronic Care Program helps members who have chronic conditions take better care of their health, understand their care choices and help improve their well-being. This program is available at no added cost to eligible members who have:

- Asthma
- Chronic Kidney Disease (CKD), including members receiving renal dialysis/End-Stage Renal Disease (ESRD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Diabetes
- Heart Failure

For more information or to enroll:

- Visit HorizonBlue.com/horizonwellness and:
 - Mouse over *Health & Wellness* and click *Chronic Care Program*.
- Or, call **1-888-334-9006**, Monday through Friday, between 8 a.m. and 7 p.m., ET. If you have hearing or speech difficulties, please call the TTY/TDD line at **711** during the same hours.



A chronic health condition is a health problem that lasts a long time. Horizon BCBSNJ can help you if you have been diagnosed with a chronic illness.

Horizon Wellness

Horizon BCBSNJ knows that health care is not just about illness. To help you become and stay healthy, we offer:

- Programs and support for better health beyond the doctor's office
- Healthy options and rewards
- Ways to save on getting healthy
- Trackers, calculators and other tools to help you manage your health

Visit HorizonBlue.com/horizonwellness for more information.

Blue365: Wellness Discounts*

Horizon BCBSNJ understands that helping members live a healthy life requires more than regular PCP visits – it's helping you find time for the things that matter most.

That is why Horizon BCBSNJ is proud to offer Blue365®, a national program that offers exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Exclusive discounts on health and wellness

Blue365 includes select savings on products and services that can be used to improve and maintain your health every day. Leading national companies from a wide range of categories have created special offerings and discounts just for Blue Cross and/or Blue Shield members.

Easy access on the web

You can begin taking advantage of everything Blue365 has to offer at Blue365deals.com/HorizonBCBS.

* Blue365 offers access to savings on items and services that members may purchase directly from independent vendors. To find out what is available to you through Blue365, visit Blue365deals.com/HorizonBCBS. The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Also, neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365 vendor or discounted item or service.

Your rights

As a Horizon BCBSNJ member, you have the right to:

- Be treated with courtesy and consideration, and with respect for your privacy and dignity.
- Get information about Horizon BCBSNJ services, policies, procedures, doctors, appeals and coverage limitations, as well as information about the organization and care provided, and member rights and responsibilities.
- Choose a Primary Care Physician (PCP) to coordinate your care, to change your doctor selection and to have 24/7 doctor access for urgent or emergency care.
- Participate with your doctors in making decisions about your health care.
- Seek emergency care without prior approval in a potentially life-threatening situation or when you believe that serious harm could result from not obtaining immediate treatment.
- Get specialist and hospital care from appropriate participating health care professionals following an authorized referral (if required by your plan).
- Receive a written explanation if approval of a covered service is denied or limited under your plan.
- Be free of balance billing for charges above the amount Horizon BCBSNJ allows for an eligible service by a participating doctor, health care professional or facility.
- Voice a concern about your plan and the care provided, including internal and external appeals.
- Have a candid discussion about appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's member rights and responsibilities policy.

Your responsibilities

As a Horizon BCBSNJ member, you have the responsibility to:

- Read and understand this handbook, your policy and all other materials about your plan and coverage.
- Be considerate and courteous to doctors and staff.
- Coordinate non-emergency care through your PCP.
- Supply information (to the extent possible) that the organization and its practitioners and providers need to provide care.
- Follow plans and instructions for care that you have agreed to with your practitioners.
- Pay for charges, including copayments, deductibles and coinsurance as stated in your plan, as well as for any charges you incur for non-covered care.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

This is a partial list of your member rights and responsibilities.

For a complete list of rights and responsibilities, along with more information about your relationship with Horizon BCBSNJ, please visit [HorizonBlue.com/rights](https://www.horizonblue.com/rights) or call Member Services. Member rights and responsibilities are distributed annually to members and upon enrollment for new members.

How to make inquiries, complaints and appeals

At Horizon BCBSNJ, we're dedicated to providing our members with access to quality health care and service. Your plan offers inquiry, complaint and appeal processes designed to provide a prompt response and resolution to all requests.

These processes relate to:

- Medical issues
- Our utilization management decision making
- Other nonutilization management issues

You may submit a complaint orally or in writing. Please refer to your Summary Plan Description (SPD) for more details or call Member Services.

Coordination of benefits with other health coverage

This Horizon HMO plan through the Away From Home Care Program does not coordinate benefits with any other insurer, with the exception of traditional Medicare.

Results of independent satisfaction surveys

You can get results of independent consumer satisfaction surveys and analysis of quality outcomes for health care services provided under managed care plans in New Jersey.

Send your request to: **Actuarial Bureau**
Department of Banking and Insurance
20 West State Street, 11th Floor
PO Box 325
Trenton, NJ 08625-0325

Or call: **1-609-292-5427**

Continuation-of-care benefits

If you are receiving covered services (other than obstetrical care, post-operative care, oncological treatment or psychiatric treatment) from a terminated health care professional who was under contract with us at the time your treatment started, you may continue care or services with that health care professional for up to four months when medically necessary.

If you are receiving obstetrical care, post-operative care, oncological treatment or psychiatric treatment from a terminated health care professional who was under contract with us at the time your treatment started, you may continue to be treated by that health care professional for the duration of the treatment or care:

- **Pregnancy:** Coverage of services will continue through the postpartum evaluation, up to six weeks after delivery.
- **Post-operative follow-up care:** Coverage of services may continue for up to six months from the date of the PCP's termination.
- **Oncological treatment:** Coverage of services may continue for up to one year from the date of the PCP's termination.
- **Psychiatric treatment:** Coverage of services may continue for up to one year from the date of the PCP's termination.

Note

These guidelines won't apply if the health care professional is terminated immediately under any of these circumstances:

- In the opinion of Horizon BCBSNJ's medical director, the health care professional is an imminent danger to a patient or the public health, safety and welfare.
- There has been a determination of fraud or a breach of contract by the health care professional.
- The health care professional is the subject of disciplinary action by the State Board of Medical Examiners.

Please call Member Services if you have questions about your continuation-of-care benefits. As always, your benefits are subject to policy limits and normal Horizon BCBSNJ policies and procedures, including prior authorization and utilization management requirements.

Medical technology

We regularly review new medical technology to decide if it is eligible for coverage.

Our review incorporates input from the professional and medical community (including medical practitioners in New Jersey), as well as the research results published in the medical literature. We also review our current policies related to existing technology and amend them as appropriate.

Physician compensation

In general, Horizon BCBSNJ pays participating PCPs and other health care professionals in two ways:

- **Fee for Service** – Payment for services each time a member is seen or treated
- **Capitation** – Payment of a monthly per-patient fee, whether or not a member receives services in any given month

These payment methods may include financial incentive agreements to pay some doctors more (rewards) or less (withholds), based on many factors, including member satisfaction, quality of care, control of costs and use of services. (Horizon BCBSNJ does not use withholds as a method of payment.)

You have the right to ask your PCP and other health care professionals about how they are compensated for their services by Horizon BCBSNJ so you will know if there could be any financial incentives or disincentives tied to their medical decisions.

To learn more about how PCPs and other health care professionals in our network are compensated, please call us, or write to us at:

Horizon HMO Plan
PO Box 820
Newark, NJ 07101-0820

Note

The laws of the state of New Jersey at N.J.S.A. 45:9-22.4 et seq., require that a doctor, chiropractor or podiatrist, who is permitted to make referrals to other health care professionals or facilities in which he or she has a significant financial interest, inform his or her patients of that financial interest when making such a referral.

For more information about compensation, ask your PCP, chiropractor or podiatrist. If you believe that you are not receiving the information to which you are entitled, you may call the New Jersey Division of Consumer Affairs at **1-800-242-5846** or **1-973-504-6200**.

Utilization management

Horizon BCBSNJ's Utilization Management (UM) Program monitors your health care – the care you receive and the care your PCP recommends for you – to assess its medical necessity and appropriateness. UM also lets us help PCPs to manage the care they provide in medically appropriate and cost-effective ways. Through UM, we identify best practices that produce high-quality care and health outcomes, and share that knowledge with members, participating doctors, health care professionals and employers through continuing education.

In particular, we watch for:

- **Underutilization** – Not getting annual checkups or preventive vaccinations as recommended
- **Overutilization** – Getting medical care, medicines, laboratory testing or surgical procedures when they are not medically necessary

Our UM principles

- We make UM decisions based only on the necessity and appropriateness of care and services within the provisions of the member's benefit package.
- We don't compensate anyone responsible for UM decisions in a way that rewards him or her for denying coverage for medically necessary and appropriate covered services.
- We don't offer incentives to anyone responsible for UM determinations to encourage denials of coverage or services, and we don't provide financial incentives to doctors to withhold covered health care services that are medically necessary and appropriate.
- We emphasize the delivery of medically necessary, appropriate and cost-effective health care services to members, and we encourage the reporting, investigation and elimination of underutilization.

Our UM staff is available by calling the toll-free number on the back of your ID card, Monday through Friday, between 8 a.m. and 5 p.m., ET. Our on-call staff is also available for emergency requests after normal business hours, including weekends and holidays. Members who are hearing impaired may call the TTY/TDD line at **711**.

Notice of information privacy practices

Horizon BCBSNJ and its affiliated companies* want you to know that we are legally obligated to keep information about you secure and confidential. Unlike many other financial and health institutions, we do not sell information about you and we do not share your information except to conduct our business.

As required by law, we publish this Notice of Information Privacy Practices (*Notice*) to explain the information that we collect and how we maintain, use and disclose it in administering your benefits. We will abide by the statements made in this *Notice*. Except as permitted by law and as explained in this *Notice*, we do not disclose any information about our past, present or future customers to anyone. Uses and disclosures not described in this *Notice* will be made only with your written authorization. When we use the term *Customer Information*, we are referring to financial or health information that is *nonpublic*, including any information from which a judgment could possibly be made about you. When we use the term *Protected Health Information (PHI)*, we are referring to individually identifiable oral, written and electronic information concerning the provision of, or payment for, health care to you. We refer to *Customer Information* and *PHI* collectively as *Private Information (PI)*.

* The Horizon Blue Cross Blue Shield of New Jersey affiliated companies, all of which are independent licensees of the Blue Cross and Blue Shield Association, are: Horizon Healthcare Services, Inc. d/b/a/ Horizon Blue Cross Blue Shield of New Jersey, Horizon Healthcare of New Jersey, Inc., including its Horizon NJ Health (Medicaid/ NJ FamilyCare) line of business. Horizon Healthcare Dental, Inc., Horizon Casualty Services, Inc.** and Horizon Insurance Company.

** This affiliate is not a covered entity subject to the federal privacy rules.

What information do we collect?

In providing your health coverage, we collect PI from the following sources:

- Information we receive from you on applications, other forms or websites we sponsor.
- Information we obtain from your transactions with us, our affiliates or others, such as health care providers.
- Information we receive from consumer-reporting agencies or others, such as Medicare, state regulators and law enforcement agencies.

How do we protect PI?

Our employees are trained on the need to maintain your PI in the strictest confidence. They agree to be bound by that promise of confidentiality and are subject to disciplinary action if they violate that promise. We also maintain appropriate administrative, technical and physical safeguards to reasonably protect your PI.

In addition, in those situations where we rely on a third party to perform business, professional or insurance services or functions for us, that third party must agree to safeguard your PI. That business associate must also agree to use it only as required to perform its functions for us and as otherwise permitted by our contract and the law. Finally, if we or our business associate causes a *breach* of privacy as that term is defined under federal law, we will notify you without unreasonable delay of the occurrence. In these ways, we carry out our confidentiality commitments to you.

When must we seek your authorization before disclosing PI?

There may be circumstances where we will seek your authorization before making a disclosure of your PI. This is to ensure that we have your permission to make that disclosure. For example, you may have asked someone who is not your personal representative (or the policyholder) to contact us on your behalf to obtain information about your claims. Before we disclose your PI to that person, we would seek your authorization to do so, unless otherwise permitted or described in this *Notice*. Your written authorization is required for:

- Uses and disclosures of PI for marketing activities, when such authorization is required by law
- Uses and disclosures of psychotherapy notes
- Uses and disclosures that constitute a sale of your PI

If you give us your authorization, you are permitted to revoke that authorization at any time in writing. We will honor your revocation once it is processed, except to the extent that we have taken action in reliance upon your original authorization, or the authorization was obtained as a condition of obtaining coverage.

To locate our privacy forms, visit HorizonBlue.com/forms and click *Search by Form Type*.

Uses and disclosures of PI that do not require authorization

Most of our routine use and disclosure of your PI occurs in administering your coverage. In those instances, we are not required to seek your authorization. For instance, we are generally permitted to make disclosures of your PI without authorization for purposes of treatment, payment and health care operations. In this *Notice*, we provide examples of those routine purposes, although not every use or disclosure that falls into those categories is listed.

Please note that we will limit the disclosure of certain information in accordance with laws governing the special nature of the information (e.g., HIV/AIDS, substance abuse, genetic information). We are prohibited from using and disclosing your genetic information for underwriting purposes. Also, where a state permits minors of a certain age or status to seek treatment without parental consent, information that would normally be provided to our customers may be limited, if requested, and we are informed that treatment was rendered that way. This is because we must protect the privacy of the minor's information in accordance with those state laws.

Payment activities

We routinely use and disclose PI in connection with your health care coverage, to determine your eligibility for coverage and benefits, and to see that the treatment and services you receive are properly billed and paid. To do this, we may share PI with health care professionals, their billing agents, insurance companies and others. Our payment activities can also include the use of PI for: risk adjustment, billing, claims management, collection activities, utilization review, medical necessity determinations, drug rebate contract reporting of drug utilization, underwriting and other rate-setting activities.

For example, a claim for medical services rendered to you may be submitted electronically from a billing service on behalf of your health care professional. Our claims processors will then use your PI to process your claim. If we need additional information to process it, we may contact your health care professional to obtain that information. When we do that, we disclose PI to your health care professional in order to identify and discuss your claim with him or her. Your health care professional then discloses the needed, additional PI that will enable us to properly process your claim. In this example, each of these entities involved – your health care professional, his or her billing service and Horizon BCBSNJ and/or its affiliated companies – is covered by and must protect and safeguard your PI either because they are *covered entities* or *business associates* of covered entities under the federal privacy regulations.

Health care operations activities

We routinely use and disclose PI to conduct our health care business, including all the activities that are defined by federal regulation as *health care operations*. They include, but are not limited to: case management and care coordination, utilization review, quality assessment and improvement, network provider credentialing, population-based research to improve health or reduce health care costs, and contacting health care professionals and members with information about treatment alternatives.

For example, we may use and disclose PI to remind you about the availability or value of preventive care or of a disease management program. Other health care operations activities include compliance and auditing activities, evaluating health care professional performance, underwriting, formulary development, information systems management, fraud and abuse detection (by ourselves or for other plans or health care professionals), facilitation of a sale, transfer, merger or consolidation of all or part of Horizon BCBSNJ and/or its affiliated companies with another entity (including due diligence related to the transaction), customer service and general business management, among others.

Health-related activities

We may use or disclose your PI for a number of treatment-related activities. We are permitted to tell you about possible treatment options or alternatives, inform you of health-related benefits or services, inform you of a relevant disease management program that may be of interest to you, and seek your voluntary participation in such programs to help improve your health and assist in the coordination of your overall health care.

For example, our diabetes disease management business associate may, after reviewing PHI that we had provided, determine that you might suffer from diabetes. You may then receive a notice that we have enrolled you in our disease management program. If you do not want further contact about, or to participate in, the program, you only need to notify us. Our business associate would then be instructed to not use or disclose your information further, which it must follow due to its contract with us.

Treatment, payment and health care operations of other covered entities

We may use and disclose your PHI for another covered entity's treatment, payment and health care operations purposes.

For example, we may disclose your PHI when disclosure would facilitate payment for services under another health plan.

In addition, we are permitted to disclose PHI to other covered entities so they can conduct certain aspects of their health care operations. We may also disclose it for purposes of their fraud and abuse detection or compliance. But we will only disclose PHI to another covered entity for these purposes if that covered entity has or had a relationship with you.

Disclosures to family members

Unless you notify us on your application of an authorized representative who may call on your behalf, we will only provide information to the Away From Home Care member. Each Away From Home Care member has their own contract with us; therefore each member must provide an authorized representative on the application. If an authorized representative is not provided we will only release information to the contract holder. If you need to select or terminate an authorized personal representative, you should contact your Home Blue Cross and/or Blue Shield Plan to request the selection or termination of the personal representative.

You may also access the forms to manage your private information by visiting HorizonBlue.com/members. From here, go to *Need to Find a Form?* Then *Search by Form Type*. Click *Manage Private Information* to find the forms you need.

For more information, please visit: HorizonBlue.com/privacy-policy.

Under certain exceptional circumstances, such as a medical emergency, we may disclose your PI to a person who is involved in your care or payment for that care. We can only disclose your PI that is relevant to that person's involvement with your care or payment for that care.

Additional reasons for disclosure

We may also use or disclose PI to:

- The certificate holder or policyholder of your coverage, if it is information regarding the status of an insurance transaction, as permitted by law;
- Military authorities, if you are or were a member of the armed forces;
- Further public safety or, when requested by federal officials, for national security or intelligence activities or for the protection of public officials;
- Appropriate bodies for public health activities, including the reporting of child abuse or neglect, adverse events, product defects, or for Food and Drug Administration reporting;
- A health oversight agency for activities such as audits, investigations, licensure, disciplinary actions, or civil, administrative or criminal proceedings. These disclosures are necessary for the government to oversee the health care system and government benefits programs, as well as for compliance with standards and civil rights laws;
- Carry out appropriate research, but only as expressly permitted and limited by the federal privacy rules;
- Communicate with legislators and regulators about legislative and regulatory developments and proposals that may impact access to affordable, quality health care;
- Contact you for fundraising purposes. You have the right to opt out of receiving fundraising communications;
- Appropriate bodies in response to a subpoena or court order, or in response to litigation that directly involves us or your group health plan;
- A correctional institution or law enforcement agency, if you are an inmate or in the custody of law enforcement;
- Plan sponsor employees that are designated by the plan administrator as assisting in plan administration. The federal privacy rules require your plan administrator to obtain certain representations from the plan sponsor about how your information will be protected. This is to ensure that the plan sponsor complies with certain privacy requirements and agrees not to use that information for employment-related and other decisions;

- Conduct permissible marketing type activities, either ourselves or through other companies on our behalf, such as for health-related products or services, or to other financial and health institutions with which we have joint marketing agreements;
- Perform other functions and activities, as permitted by the federal privacy rules.

You should understand that, except as permitted or described in this document, we will not disclose your PI without a written authorization from you. And except for disclosures of PHI made directly to you or your personal representative, for your treatment, or pursuant to your authorization, the federal rules require us to use and disclose only the minimum PHI necessary to accomplish our purpose.

For example, if we need to disclose your PHI to our utilization review case manager to help determine the medical necessity of a particular claim, we would likely not disclose your entire claim history and medical record. That is because your entire record is probably not necessary to make the determination for that one claim.

Legal rights related to PI

The federal privacy rules entitle you to:

- Inspect and obtain a copy of your PHI that we maintain about you that is included in what is called a *designated record set*. This includes your right to request access to PHI in an electronic format if we hold it that way. But we are not required to maintain it, except for certain documentation related to privacy rules compliance or as may otherwise be required by law.

This does not include information that relates to, and is collected in connection with or in anticipation of, a claim or civil or criminal proceeding involving you. It also does not include information that we are prohibited by law from releasing. You must reasonably describe the information you seek in your written request, and the information must be reasonably locatable and retrievable by us. We may charge you a fee to cover the cost of providing this PI. Information is usually provided within 30 days of your request.

You may have a state law right to request, in writing, to inspect and obtain a copy of PI about you.

- Request amendment of your PHI included in the designated record set. We may deny your request under those rules if we determine that our records are accurate and complete or were not created by us, the information is not contained in our designated record set, or access is otherwise restricted by law. State law may entitle you to request that we amend or delete PI about you in our records if you believe the information is incorrect or incomplete. We may deny this request. However, if we do so, we must advise you of the reasons for the denial and advise you of your right to file a statement of rebuttal.
- Request restrictions on our use and disclosure of PHI for treatment, payment or health care operations (described in this *Notice*). We will consider each request, but are not required to agree to any restrictions, except a reasonable request for confidential communications.
- Request to receive confidential communications of PHI if disclosing this information by the usual means could endanger you. We will accommodate all reasonable requests, subject to the restrictions and capabilities of our information processing systems. A verbal request may be considered, but must be followed up in writing.
- Request to receive an accounting of certain disclosures of your PHI made by us, such as disclosures to health oversight agencies. These do not include disclosures made for purposes of treatment, payment or health care operations, disclosures to you or authorized by you, and for certain other reasons. A similar right may exist under state law.
- Request and obtain a paper copy of this *Notice*, even if you previously agreed to receive it electronically.

If you wish to exercise any of the legal rights described in this *Notice*, you must do so in writing. To obtain further information about these rights, or if you would like to make such a request, please write to:

Member Services
PO Box 820
Newark, NJ 07101-0820

or

Call: **1-800-355-BLUE (2585)**

Keeping up to date with our privacy practices

Horizon BCBSNJ and its affiliated companies reserve the right to change the terms of this *Notice* and to make the new *Notice* provisions effective for all information that we maintain. Our policies may change as we periodically review and revise them. We will provide you with a new *Notice* if the changes are significant, as long as you maintain an ongoing insured customer relationship with us. A copy of our *Notice* can be found at HorizonBlue.com/privacy-policy.

It may be necessary to use or disclose your PI as described in this *Notice* even after coverage has terminated. In addition, it may be infeasible to destroy your PI. Thus, we do not necessarily destroy it upon the termination of your coverage. However, any information we keep must be kept secure and private, and used only for permissible purposes.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ and its affiliated companies by calling Member Services at **1-800-355-BLUE (2583)**, or by writing to:

Privacy Office
Three Penn Plaza East, PP-16C
Newark, NJ 07105-2200

You may also complain to the U.S. Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Transfer of Medical Records Form

If you wish to have medical records transferred to your newly selected Primary Care Physician, please fill out the information below and mail it to your former doctor. Please print clearly.

To: _____
Name of previous or present doctor

Address: _____

I hereby request my medical records be released to:

Doctor Name: _____

Address: _____

The following medical records for the period on or about: _____

- Complete Medical Record
- Other (please specify) _____

Patient Name: _____

Address: _____

Date of Birth: ____/____/____ **Member ID #:** _____

Signature: _____ **Date:** _____
Patient or Parent/Guardian Signature



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At Your Service

The chart below includes some of the most frequently needed contact information.

<i>If you need help with</i>	<i>Contact</i>	<i>Via</i>
Locating an approved quality transplant center	Blue Distinction Centers for Transplants®	bcbs.com/distinction 1-888-621-5894 Option 2
Managing a complex illness	Case Management	1-888-621-5894 Option 2
Managing a chronic illness	Chronic Care Program	1-888-334-9006
Getting prior approval	Prior Authorization	1-800-355-BLUE (2583)
Savings on health-related products and services	Blue365	Blue365deals.com/ HorizonBCBS
Laboratory testing and services	LabCorp	LabCorp.com
Behavioral health/ substance abuse care	Horizon Behavioral Health	1-800-626-2212
Horizon BCBSNJ's online self-service tools	Member Online Services	HorizonBlue.com or horizon_helpdesk@HorizonBlue.com
Benefits, claims, etc.	Member Online Services	HorizonBlue.com/ members
Scheduling imaging services	Radiology Scheduling Line	1-866-969-1234

Interact with us!



Horizon Blue Cross Blue Shield of New Jersey is on Facebook®. Visit our corporate page, [facebook.com/HorizonBCBSNJ](https://www.facebook.com/HorizonBCBSNJ).



Stay up to date with the latest company news and health and wellness information. Follow us on Twitter™, twitter.com/HorizonBCBSNJ.



See videos explaining how we're transforming the health care delivery system in New Jersey, [youtube.com/BCBSNJ](https://www.youtube.com/BCBSNJ).



Learn how to stay connected with Horizon Blue Mobile anytime, anywhere, mobile.HorizonBlue.com.



The Horizon Blue App gives you access to your health insurance information anytime, anywhere.



HorizonBlue.com/members



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