

**2021**  
OVERVIEW

Individual and Family  
Dental and Vision  
Insurance Coverage





## Horizon Dental Plans

We have affordable dental plans for you and your family.

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

### Covering a child under the age of 19?

#### Horizon Young Grins

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

### Horizon BCBSNJ also offers these individual and family dental options:

#### Horizon Family Grins and Horizon Family Grins Plus

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

#### Horizon Healthy Smiles and Horizon Healthy Smiles Plus

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

#### Horizon Individual

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

#### Horizon Centurion

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

# Dental Plan Guide

2021 Plan Details	Horizon Young Grins		Horizon Family Grins		Horizon Family Grins Plus		
Coverage for	Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN <sup>1</sup>	Age 19 and Over OON <sup>2</sup>	
ACA Compliant	Yes	Yes	Yes	Yes	Yes	Yes	
Benefit Waiting Periods Apply	No	No	No	No	No	No	
Participating Office Locations	13,000 in NJ / 376,000 nationwide	13,000 in NJ / 376,000 nationwide	10,000 in NJ, NY, DE and PA	13,000 in NJ / 376,000 nationwide	8,000 in NJ / 329,000 nationwide	n/a	
Annual Maximum	None	None	None	None	\$1,500	\$1,500	
Deductible	\$25/\$100/\$200 <sup>3</sup>	\$25/\$100/\$200 <sup>3</sup>	None	\$25/\$100/\$200 <sup>3</sup>	\$50/\$150	\$50/\$150	
<b>BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR &amp; MEDICALLY NECESSARY ORTHODONTIA)</b>							
Individual	\$350	\$350	n/a	\$350	n/a	n/a	
Family	\$700	\$700	n/a	\$700	n/a	n/a	
<b>Preventive/Diagnostic (Class I)</b>							
Prophylaxis – Cleaning	3 times/year 100% after deductible	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100%	
Sealant	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered	
Fluoride	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered	
Oral Exam	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%	
X-Rays	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%	
<b>Basic (Class II) and Major (Class III)</b>							
<b>Restorative</b>							
Amalgam Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
Composite Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	
<b>Endodontics</b>							
Root Canals	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
<b>Periodontics</b>							
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
Periodontal Maintenance	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
<b>Prosthetics</b>							
Bridges	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	
Dentures	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible	
<b>Oral Surgery</b>							
Nonsurgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible	
<b>Orthodontics</b>							
Orthodontic Medical Necessity	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered	
Cosmetic Orthodontia	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered	
Orthodontic Lifetime Maximum (Cosmetic)	\$2,000	\$2,000	Not covered	\$2,000	Not covered	Not covered	

1. In-network. 2. Out-of-network. 3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.

# Dental Plan Guide

2021 Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
ACA Compliant	No		No		No	No
Benefit Waiting Periods Apply	Yes <sup>1</sup>		Yes <sup>1</sup>		No	No
Participating Office Locations	8,000 in NJ / 329,000 nationwide		13,000 in NJ / 376,000 nationwide		10,000 in NJ, NY, DE and PA	2,000 in NJ
Annual Maximum	\$1,000		\$1,000		None	None
Deductible	\$50/\$150		\$50/\$150			
Preventive/Diagnostic (Class I)	Option 1	Option 2	Option 1	Option 2		
Prophylaxis – Cleaning	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months Discount	1 every 6 months 100%
Sealant	100%	80%	100%	80%	Discount	100%
Fluoride	100%	80%	100%	80%	Discount	100%
Oral Exam	100%	80%	100%	80%	Discount	100%
X-Rays	100%	80%	100%	80%	Discount	100%
Basic (Class II) and Major (Class III)						
Restorative						
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount	100%
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount	100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Discount	30%/40%/50% <sup>2</sup>
Endodontics						
Root Canals	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Periodontal Maintenance	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Prosthodontics						
Bridges	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Dentures	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount	30%/40%/50% <sup>2</sup>
Orthodontics						
Orthodontic Medical Necessity	Not covered		Not covered		Not covered	Not covered
Cosmetic Orthodontia	Covered at 50% for those under age 19		Covered at 50% for those under age 19		Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		Not covered	Not covered

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.

2. For the first three years. The percentage the plan pays goes up each year you stay with the same primary care dentist.

# Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$26.36	0-14	\$26.36
15	\$27.67	15	\$27.67
16	\$27.96	16	\$27.96
17	\$27.04	17	\$27.04
18	\$24.88	18	\$24.88
19-22	\$33.49	19+	\$9.42
23-24	\$30.36	<b>Horizon Young Grins</b>	
25-29	\$37.83		
30-34	\$39.72		
35-39	\$40.53		
40-44	\$42.56		
45-49	\$45.55		
50-54	\$51.69		
55-59	\$55.81	Age	Rate
60-63	\$61.59	0-14	\$26.36
64+	\$63.39	15	\$27.67
		16	\$27.96
		17	\$27.04
		18	\$24.88

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

## It's easy to enroll:

Contact your broker for more information.

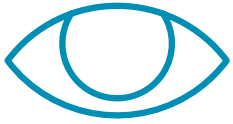
Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$20.76	\$16.59	\$17.03	\$14.02
23-24	\$20.12	\$16.07	\$16.50	\$13.58
25-29	\$22.86	\$18.26	\$18.74	\$15.42
30-34	\$23.20	\$18.52	\$19.01	\$15.65
35-39	\$24.24	\$19.36	\$19.87	\$16.36
40-44	\$26.34	\$21.06	\$21.61	\$17.79
45-49	\$29.19	\$23.32	\$23.94	\$19.69
50-54	\$31.49	\$25.16	\$25.82	\$21.26
55-59	\$32.78	\$26.19	\$26.88	\$22.12
60-64	\$34.24	\$27.35	\$28.08	\$23.10
65+	\$33.84	\$27.04	\$27.75	\$22.85

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$25.17	\$19.76	\$20.27	\$16.70
23-24	\$24.39	\$19.14	\$19.65	\$16.16
25-29	\$27.70	\$21.73	\$22.31	\$18.35
30-34	\$28.10	\$22.05	\$22.64	\$18.63
35-39	\$29.35	\$23.04	\$23.66	\$19.47
40-44	\$31.94	\$25.08	\$25.72	\$21.19
45-49	\$35.37	\$27.78	\$28.50	\$23.45
50-54	\$38.18	\$29.95	\$30.76	\$25.31
55-59	\$39.74	\$31.19	\$32.00	\$26.34
60-64	\$41.49	\$32.57	\$33.42	\$27.51
65+	\$41.02	\$32.20	\$33.02	\$27.19

Horizon Centurion		Horizon Individual	
1 Individual	\$60 per year	Adult Rate	\$180 per year
1 Family	\$84 per year	Child Rate	\$68.40 per year

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

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



## Horizon Vision Plans

We can help you pay less for vision care nationwide.

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

### About our Vision Plans

#### Vision Benefits

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

#### Locations

Horizon Vision plans are administered through Davis Vision, with over 93,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting [HorizonBlue.com/DoctorFinder](https://HorizonBlue.com/DoctorFinder) and clicking "Horizon Vision" in the Quick Links box.

### Horizon BCBSNJ offers these Vision Plans:

#### Horizon Vista Plan V: \$

- Annual eye exam for \$10
- \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$100 allowance for contact lenses
- Significant savings on progressives, high index lenses and more

#### Horizon Panorama Plan V: \$\$

- Annual eye exam for \$10
- \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$130 allowance for contact lenses
- Significant savings on progressives, high index lenses and more

# Vision Plan Guide & Rates

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

	Vista V		Panorama V
	Monthly Premium		Monthly Premium
Single	\$12.52	Single	\$13.78
Two Adults	\$25.04	Two Adults	\$27.56
Adult/Child(ren)	\$26.29	Adult/Child(ren)	\$28.94
Family	\$36.68	Family	\$40.38

**It's easy to enroll:**  
Contact your broker for more information.

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

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Here when you need us most. **Now and always.**



#1 in Member Satisfaction among Commercial Health Plans in NJ, 3 out of 4 Years



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

The information provided by this document is not intended to replace or modify the terms, conditions, limitations, and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Davis Vision Inc. supports Horizon Blue Cross Blue Shield of New Jersey in the administration of vision benefits. Davis Vision Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross Blue Shield Association. Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, both of which are independent licensees of the Blue Cross Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

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Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al 1-866-660-6528. Chinese (中文): 如需中文協助, 請致電 1-866-660-6528.

ECNA001473 (1020)





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#### Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

#### Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

#### Horizon BCBSNJ

##### Civil Rights Coordinator

PO Box 820, Newark, NJ 07101.

If you are not a Horizon BCBSNJ member, you may contact Horizon BCBSNJ's Civil Rights Coordinator by calling 1-866-660-6528 (TTY/TDD 711) or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at 1-800-368-1019 or 1-800-537-7697 (TDD). OCR Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

#### Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获得免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.

જો તમે અંગ્રેજી સવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego. Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेजी से भिन्न कोई अन्य भाषा बोलते हैं, तो ननःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर ..

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجانًا. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية

اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔



## Questions and Answers:

### How Horizon BCBSNJ Collects and Maintains Your Personally Identifiable Information Privacy Notice Statement Required by 45 C.F.R. § 155.260

Please read these questions and answers to learn how Horizon Blue Cross Blue Shield of New Jersey will collect and maintain any Personally Identifiable Information (PII) that you voluntarily provide or that Horizon BCBSNJ may obtain through the assistance provided to you. We reserve the right to change this Privacy Notice Statement. We reserve the right to make the revised or changed Privacy Notice Statement effective with respect to your PII we already have, as well as, any information we may obtain from you if you seek the assistance of the Horizon BCBSNJ representative in the future. We will post a copy of our current Privacy Notice Statement on our website, [HorizonBlue.com](http://HorizonBlue.com).

#### Q1: What is PII?

A1: PII, or Personally Identifiable Information, is any information that can be used to distinguish or trace your identity, alone, or when combined with other personal or identifying information that is linked or linkable to you. Some examples of PII include:

- Name
- Social Security Number
- Biometric records
- Date and place of birth
- Mother's maiden name
- Medical, educational, financial and/or employment information
- Phone number
- Home address
- Driver's license number
- Email address

#### Q2: Is Horizon BCBSNJ legally allowed to collect PII?

A2: Yes, Horizon BCBSNJ is authorized to collect your PII pursuant to the Affordable Care Act (ACA) and its implementing rules and regulations published by the Department of Health and Human Services (HHS).

#### Q3: Will Horizon BCBSNJ representatives collect my PII?

A3: Horizon BCBSNJ representatives will collect certain PII in connection with your interest in Horizon BCBSNJ health coverage options. Horizon BCBSNJ shall maintain and/or store your PII and/or the PII of your authorized representative in accordance with its privacy policies and procedures.

(Continues)

**Q4: Why will Horizon BCBSNJ collect my PII?**

A4: Our representatives may come in contact with your PII to assist you:

- With the eligibility process and application for health coverage
- With enrolling in a Qualified Health Plan (QHP)
- In determining eligibility for exemptions from the requirement to maintain health coverage.

**Horizon BCBSNJ representatives may:**

- Enter your PII into the Health Insurance Marketplace (the Marketplace) website application for you. In certain cases, you may enter the information on your own with the assistance of a Horizon BCBSNJ representative.
- Retain your PII and/or the PII of your authorized representative, after your session with the Horizon BCBSNJ representative has ended.

**The Marketplace will collect, maintain and store your PII to:**

- Determine your eligibility for health insurance coverage
- Determine your eligibility for programs to lower costs of health coverage
- Display your QHP options.

**Q5: How will the Marketplace protect my PII?**

A5: The Marketplace has privacy and security standards and procedures in place to protect your PII. For information regarding how the Marketplace will use your PII and its privacy and security practices, please see its privacy statement at <https://www.healthcare.gov/individual-privacy-act-statement/>.

You can learn more about how the Marketplace handles your information at: <https://www.healthcare.gov/how-we-use-your-data/>.

**Q6: How will Horizon BCBSNJ use my PII? Will Horizon BCBSNJ share or disclose my PII?**

A6: Horizon BCBSNJ will use your PII to help you obtain health coverage and to provide certain functions authorized in its Privacy and Security Agreement with the Centers for Medicare and Medicaid Services (CMS). Such authorized functions include, but are not limited to, helping you make the right eligibility determinations, helping you select a QHP and, if applicable, helping you obtain financial assistance (e.g., advance premium tax credits or cost sharing reductions). Horizon BCBSNJ and its representatives may share or disclose your PII with the Marketplace, certain federal or state agencies, and/or other Horizon BCBSNJ representatives only to the extent necessary to carry out the authorized functions.

Once you are enrolled in health coverage through Horizon BCBSNJ, our Notice of Information Privacy Practices applies. The policy can be found at [HorizonBlue.com/about-us/privacy-center](https://www.horizonblue.com/about-us/privacy-center).

**Q7: Is sharing my PII voluntary? Can I choose not to share my PII?**

A7: Yes. You and/or your authorized representative do not have to give the Horizon BCBSNJ representative more information than you or your authorized representative choose to provide.

However, the assistance the Horizon BCBSNJ representative provides is based only on the information you and/or your authorized representative provide. If the information provided is inaccurate or incomplete the Horizon BCBSNJ representative may not be able to, among other things, provide you with information about health coverage options, help with the eligibility process and/or assist you with enrollment in a QHP.

Please see the Marketplace's privacy notice for more information regarding effects of entering incomplete, inaccurate or fraudulent information into the Marketplace application:

<https://www.healthcare.gov/individual-privacy-act-statement/>.

**Q8: If I feel that my privacy rights have been violated, how do I file a complaint?**

A8: If you believe your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ by calling our Privacy Office at **1-973-466-5781** or you may file a complaint with the Centers for Medicare & Medicaid Services (CMS) by calling the Marketplace helpline at **1-800-318-2596**.

(Continues)

## Notice of Nondiscrimination

Horizon BCBSNJ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

**Horizon BCBSNJ – Director, Regulatory Compliance Three Penn Plaza East, PP-16C  
Newark, NJ 07105  
Phone: 1-800-658-6781  
Fax: 1-973-466-7759  
Email: [ComplianceAndEthicsOffice@HorizonBlue.com](mailto:ComplianceAndEthicsOffice@HorizonBlue.com)**

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights Headquarters  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019 or 1-800-537-7697 (TDD)  
Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).**