



2020 Individual Product Portfolio



Disclaimer

This presentation and any materials and/or comments are training and educational in nature only. They do not constitute professional services, do not establish an attorney-client relationship, shall not be construed in any way as legal services, and do not serve as a substitute for legal advice. No comment or statement in this presentation or the accompanying materials is to be construed as legal advice and shall not constitute an admission. The presenter reserves the right to qualify or retract any of these statements at any time. Likewise, the content is not tailored to any particular situation and does not necessarily address all relevant issues.

This presentation provides only an overview. This program and its materials also may not be fully updated to reflect the current state of law in any particular jurisdiction or circumstance as of the time of the presentation. Furthermore, subsequent developments may impact the currency and completeness of this discussion. The presenter and the program sponsor disclaim, and have no responsibility to provide any update or otherwise notify any participant of any such change, limitation or other condition that might affect the suitability of reliance upon these materials or information otherwise conveyed in connection with this program.

Parties participating in the presentation or accessing of these materials are solely responsible for and are urged to engage competent legal counsel for consultation and representation in light of the specific facts and circumstances presented in their unique circumstance.

Presenters

- Moderator
 - Kala Ramkhelawan, Horizon BCBSNJ, Sales Training, Marketing & Product Development
- Presenter
 - Ron Stephens, Horizon BCBSNJ, Consumer Market Broker Sales

TOPICS

- **Agent Requirements**
- **OMNIA Health Plans**
- **OMNIA Tiered Network**
- **2020 Individual Product Portfolio & Benefit Grids**
- **Deductible Definitions – Aggregate & True Family Aggregate Deductible**
- **Pharmacy Benefits in the Individual Market**
- **Wellness Programs**
- **Additional Information**



Agent Requirements


Obtaining Consent Prior to Assisting with Marketplace Transactions

- You must obtain the consent of an individual, employer, or employee prior to helping them apply for financial help and/or enrolling in a Marketplace qualified health plan (QHP).*
- CMS does not prescribe a standard format or process for obtaining the consent or for maintaining its record, so you have flexibility to determine how you will meet the consent requirement.
- While CMS does not provide a form, or specify that a form has to be signed, you can use a Broker of Record form from an issuer or state Department of Insurance to satisfy this requirement.
- Additionally, you may obtain consent verbally (such as over the phone), electronically (such as via email), or in person.



Best Practices to Record Consumer Consent

- At a minimum, the consent should acknowledge that you have informed the individual, employer, or employee of the functions and responsibilities that apply to your role in the Marketplace.
- The record of the consent should include the following:
 - The individual's, employer's, or employee's name;
 - The date the consent was given; and
 - The name of the agent(s) or broker(s) to whom consent was given. Note that this could include additional names of agents or brokers if the consenter authorized multiple agents or brokers within the same organization.
- If you are providing assistance verbally (such as over the phone), you may obtain consent by reading a script that contains, at a minimum, the required elements summarized above, and should record in writing that the required consent was obtained.
- Obtaining a signed Broker of Record form from an issuer or state Department of Insurance satisfies the consumer consent requirement.



Broker-of-Record Letter (Individual Market)

Broker Administration Services, Attn: Doug Hsu
Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East, PP-13E
Newark, NJ 07105-2200
broker_commission_inquiry@horizonblue.com

Member ID or SSN
Last Name, First Name
Effective Date
Agent NPN
On Exchange Member ☐

Dear Commissions Department:

Please be advised that I am appointing and a registered General Agent as the Broker of Record for our Horizon Blue Cross Blue Shield of New Jersey coverage.

☐ I understand that the agent/broker is contracted with Horizon BCBSNJ and the agent has informed me of their functions and responsibilities, including all consumer protection standards that apply to their agent/broker role.

☐ I understand it is my responsibility to provide complete and accurate information to the agent, without misrepresentation and I must notify the Marketplace of any inaccurate information included in my eligibility determination.

☐ I provide consent for the agent to use my personally identifiable information (PII) such as names, dates of birth, financial information, or SSNs only to carry out authorized functions regarding my policy. The agent has provided me with a copy of their Privacy Notice Statement outlining their intended use(s) along with their privacy and security standards.

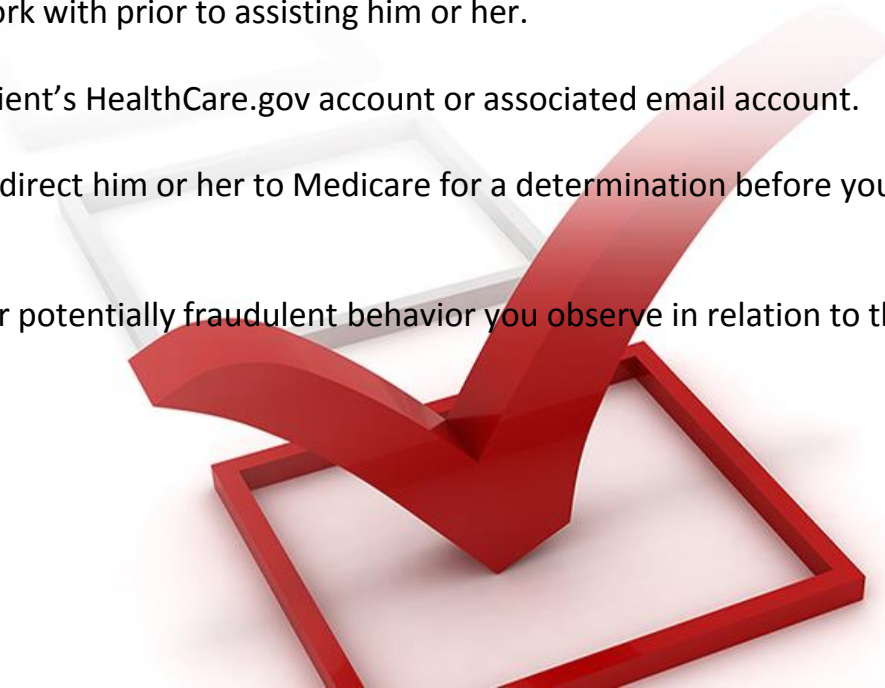
☐ I understand once effective, commissions will be paid according to Horizon BCBSNJ's commission guidelines in the Individual Market and this authorization will replace any current Broker of Record.

☐ I acknowledge I may revoke this authorization and/or provide limitations on the access or use of my personally identifiable information (PII) at any time by advising the agent in writing.

Print Name Date
Signature

Points to Remember

- Complete annual FFM Certification and Registration prior to assisting consumers with 2020 Marketplace programs.
- Complete annual Miramar Agent registration to ensure accurate commission payments.
- Obtain consent from each client you work with prior to assisting him or her.
- Do not create or maintain access to a client's HealthCare.gov account or associated email account.
- If a client may be eligible for Medicare, direct him or her to Medicare for a determination before you assist that client to enroll in a Marketplace QHP.
- Identify and report suspicious activity or potentially fraudulent behavior you observe in relation to the Marketplace.





OMNIA Health Plans

OMNIA Health Plans

- **OMNIA Health Plans** are based on an Exclusive Provider Organization (EPO) plan design and provide two levels of in-network benefits using providers who participate in the Managed Care Network
- **OMNIA Health Plans** are based on metallic tiers (Bronze, Silver, and Gold). Gold plans feature the lowest member cost sharing, but a highest monthly premium; the more affordable Bronze plan contain the lowest premium but highest out of pocket cost.
- **In the Individual/Consumer, five OMNIA Health Plans** are available both On- and Off-Exchange:
 - **OMNIA Silver Value (NEW)**
 - **OMNIA Silver**
 - **OMNIA Silver HSA**
 - **OMNIA Bronze**
 - **OMNIA Gold**



OMNIA Tiered Network

- **OMNIA Health Plans** group in-network doctors, hospitals and other health professionals into **two tiers** that leverage patient-centered arrangements
- **Included in Tier 1** are Horizon's OMNIA Health Alliance Partners, made up of health systems and one multispecialty physician group

OMNIA Tier 1

39 Hospitals / 47 Locations

OMNIA Tier 2

43 Hospitals / 53 Locations

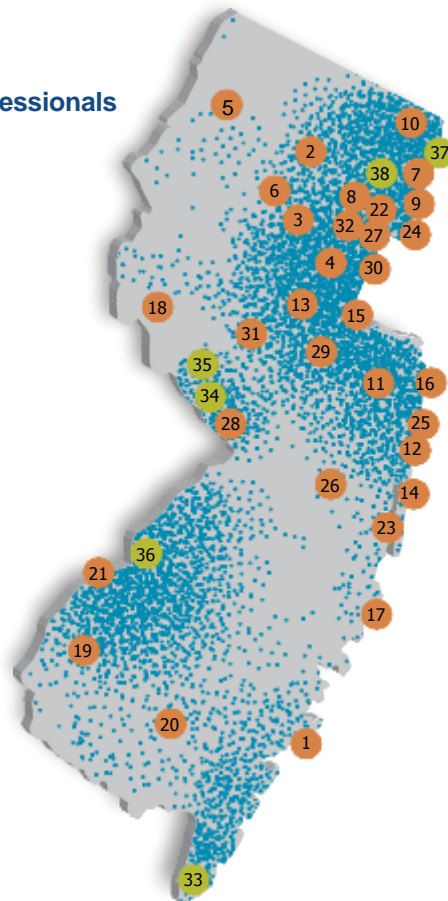
Total: 82 Hospitals / 100 Locations

- **As of 7/31/2019**
 - 9,766 PCP
 - 22,177 Specialist
 - 17,598 Other Healthcare Providers
- **More than 49,500 Total Providers**



OMNIA Tier 1 System – Network Providers

- Tier 1 doctors, specialists and other health care professionals
- Tier 1 OMNIA Health Alliance Providers
- Additional Tier1 Providers



OMNIA HEALTH ALLIANCE TIER 1 PROVIDERS

AtlantiCare

1. AtlantiCare Regional Medical Center

Atlantic Health System

2. Chilton Medical Center
3. Morristown Medical Center
4. Overlook Medical Center
5. Newton Medical Center
6. Hackettstown Medical Center

Hackensack Meridian Health

7. HackensackUMC
8. HackensackUMC at Mountainside
9. HackensackUMC at Palisades
10. HackensackUMC at Pascack Valley
11. Bayshore Community Hospital
12. Jersey Shore University Medical Center
13. JFK Medical Center
14. Ocean Medical Center
15. Raritan Bay Regional Medical Center
16. Riverview Medical Center
17. Southern Ocean Medical Center

Hunterdon Healthcare

18. Hunterdon Medical Center

Inspira Health Networks

19. Inspira Medical Center Elmer
20. Inspira Medical Center Vineland
21. Inspira Medical Center Woodbury

RWJBarnabas Health System

22. Clara Maass Medical Center
23. Community Medical Center
24. Jersey City Medical Center
25. Monmouth Medical Center
26. Monmouth Medical Center Southern Campus
27. Newark Beth Israel Medical Center
28. Robert Wood Johnson University Hospital Hamilton
29. Robert Wood Johnson University Hospital New Brunswick
30. Robert Wood Johnson University Hospital Rahway
31. Robert Wood Johnson University Hospital Somerset
32. Saint Barnabas Medical Center

Summit Medical Group

860 Physicians

ADDITIONAL TIER 1 PROVIDERS

Cape Regional Health System

33. Cape Regional Medical Center

Capital Health

34. Capital Health Regional Medical Center
35. Capital Health Medical Center – Hopewell

Cooper University Health Care

36. Cooper University Hospital

Englewood

37. Englewood Hospital and Medical Center

St. Joseph's Healthcare System

38. St. Joseph's Hospital and Medical Center



2020 Horizon BCBSNJ Medical Products

2020 Individual Product Portfolio

METALLIC LEVEL	2019 PRODUCTS	2020 PRODUCTS
Silver	OMNIA Silver OMNIA Silver HSA Advantage EPO Silver	OMNIA Silver Value (NEW) OMNIA Silver OMNIA Silver HSA Advantage EPO Silver
Gold	OMNIA Gold	OMNIA Gold
Catastrophic	Advantage EPO Essentials	Advantage EPO Essentials
Bronze	OMNIA Bronze HSA Advantage EPO Bronze	OMNIA Bronze Advantage EPO Bronze

OMNIA SILVER

OMNIA SILVER	2020	2019
Primary Care Physician – OMNIA Tier 1	\$30 Copay	\$30 Copay
Specialist Visit Copay – OMNIA Tier 1	\$50 Copay	\$50 Copay
Emergency Room – OMNIA Tier 1	\$100 Copay then deductible	\$100 Copay then deductible
Medical Deductible – OMNIA Tier 1	\$1,550	\$1,500
Medical Deductible – OMNIA Tier 2	\$2,500	\$2,500
Maximum Out-of-Pocket (MOOP) Limit – OMNIA Tier 1	\$8,000 / \$16,000	\$7,350 / \$14,700
Maximum Out-of-Pocket (MOOP) Limit – Tier 2	\$8,150 / \$16,300	\$7,900 / \$15,800
Inpatient Hospital	\$500 per day after deductible up to \$2,500 max per admission	\$500 per day after deductible up to \$2,500 max per admission
Prescription Drug Deductible (excluding generics) – OMNIA Tier 1	\$15 Generic \$250 Ind / \$500 Family ded then 50%/50%/50% coinsurance	\$15 Generic \$200 Ind / \$400 Family ded then 50%/50%/50% coinsurance

OMNIA SILVER

OMNIA Silver	2020	2019
Tier 1 OMNIA Outpatient Surgery	\$250 after ded	\$250 after ded
Tier 2 OMNIA Outpatient Surgery	50% coin after ded	50% coin after ded
Tier 1 OMNIA Inpatient	\$500 per day after ded to \$2,500 max per admin	\$500 per day after ded to \$2,500 max per admin
Tier 2 OMNIA Inpatient	50% coin after ded	50% coin after ded
Tier 1 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Tier 2 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Tier 1 OMNIA Outpatient Imaging/Lab/X-Ray	Imaging: \$100 copay after ded Lab/X-Ray: \$75 copay after ded	Imaging: \$100 copay after ded Lab/X-Ray: \$50 copay after ded
Tier 2 OMNIA Outpatient Imaging/Lab/X-Ray	50% coin after ded	50% coin after ded

OMNIA SILVER HSA

OMNIA Silver HSA	2020	2019
Primary Care Physician – OMNIA Tier 1	\$15 Copay after deductible	\$15 Copay after deductible
Specialist Visit Copay – OMNIA Tier 1	\$30 Copay after deductible	\$30 Copay after deductible
Emergency Room – OMNIA Tier 1	Deductible then \$100 copay and 30% coinsurance	Deductible then \$100 copay and 30% coinsurance
Medical Deductible – OMNIA Tier 1	\$1,800 / \$3,600	\$1,800 / \$3,600
Medical Deductible – OMNIA Tier 2	\$2,500 / \$5,000	\$2,500 / \$5,000
Maximum Out-of-Pocket (MOOP) Limit – OMNIA Tier 1	\$6,350 / \$12,700	\$6,000 / \$12,000
Maximum Out-of-Pocket (MOOP) Limit – Tier 2	\$6,550 / \$13,100	\$6,550 / \$13,100
Inpatient Hospital	30% coinsurance after deductible	30% coinsurance after deductible
Prescription Drug – OMNIA Tier 1	50% coinsurance after deductible	50% coinsurance after deductible

OMNIA SILVER HSA

OMNIA Silver HSA	2020	2019
Tier 1 OMNIA Outpatient Surgery	30% coin after ded	30% coin after ded
Tier 2 OMNIA Outpatient Surgery	50% coin after ded	50% coin after ded
Tier 1 OMNIA Inpatient	30% coin after ded	30% coin after ded
Tier 2 OMNIA Inpatient	50% coin after ded	50% coin after ded
Tier 1 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay after ded	\$0 copay after ded
Tier 2 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay after ded	\$0 copay after ded
Tier 1 OMNIA Outpatient Imaging/Lab/X-Ray	Imaging: 30% coin after ded Lab/X-Ray: \$15 copay after ded	Imaging: 30% coin after ded Lab/X-Ray: 0% coin after ded
Tier 2 OMNIA Outpatient Imaging/Lab/X-Ray	50% coin after ded	50% coin after ded

OMNIA SILVER VALUE

OMNIA SILVER VALUE	2020	2019
Primary Care Physician – OMNIA Tier 1	\$30 Copay after deductible	N/A
Specialist Visit Copay – OMNIA Tier 1	40% coinsurance after deductible	
Emergency Room – OMNIA Tier 1	\$100 Copay then deductible and 40% coinsurance	
Medical Deductible – OMNIA Tier 1	\$2,250 / \$4,500	
Medical Deductible – OMNIA Tier 2	\$2,500 / \$5,000	
Maximum Out-of-Pocket (MOOP) Limit – OMNIA Tier 1	\$8,150 / \$16,300	
Maximum Out-of-Pocket (MOOP) Limit – Tier 2	\$8,150 / \$16,300	
Prescription Drug – OMNIA Tier 1	50% coinsurance after deductible	

OMNIA SILVER VALUE

OMNIA SILVER VALUE	2020	2019
Tier 1 OMNIA Outpatient Surgery	40% coin after ded	N/A
Tier 2 OMNIA Outpatient Surgery	50% coin after ded	
Tier 1 OMNIA Inpatient	40% coin after ded	
Tier 2 OMNIA Inpatient	50% coin after ded	
Tier 1 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	
Tier 2 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	
Tier 1 OMNIA Outpatient Imaging/Lab/X-Ray	40% coin after ded	
Tier 2 OMNIA Outpatient Imaging/Lab/X-Ray	50% coin after ded	

OMNIA BRONZE

OMNIA BRONZE	2020	2019
Primary Care Physician – OMNIA Tier 1	\$50 Copay after deductible	\$30 Copay after deductible
Specialist Visit Copay – OMNIA Tier 1	\$75 Copay after deductible	\$50 Copay after deductible
Emergency Room – OMNIA Tier 1	\$100 Copay then deductible and 50% coinsurance	Deductible then \$100 copay and 50% coinsurance
Medical Deductible – OMNIA Tier 1	\$3,000 / \$6,000	\$3,000 / \$6,000
Medical Deductible – OMNIA Tier 2	\$3,000 / \$6,000	\$3,000 / \$6,000
Maximum Out-of-Pocket (MOOP) Limit – OMNIA Tier 1	\$8,150 / \$16,300	\$6,550 / \$13,100
Maximum Out-of-Pocket (MOOP) Limit – Tier 2	\$8,150 / \$16,300	\$6,550 / \$13,100
HSA Eligible	No	Yes
Prescription Drug – OMNIA Tier 1	\$25 generic copay 50% coin brands after deductible	50% coinsurance after deductible

OMNIA BRONZE

OMNIA BRONZE	2020	2019
Tier 1 OMNIA Outpatient Surgery	50% coin after ded	50% coin after ded
Tier 2 OMNIA Outpatient Surgery	50% coin after ded	50% coin after ded
Tier 1 OMNIA Inpatient	\$500 per day after ded to \$2,500 max per admin.	\$500 per day after ded to \$2,500 max per admin.
Tier 2 OMNIA Inpatient	50% coin after ded	50% coin after ded
Tier 1 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay after ded
Tier 2 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay after ded
Tier 1 OMNIA Outpatient Imaging/Lab/X-Ray	Imaging: 50% after ded Lab/X-Ray: 50% after ded	Imaging: 50% after ded Lab/X-Ray: 0% after ded
Tier 2 OMNIA Outpatient Imaging/Lab/X-Ray	50% coin after ded	50% coin after ded

OMNIA GOLD

OMNIA GOLD	2020	2019
Primary Care Physician – OMNIA Tier 1	\$10 Copay	\$10 Copay
Specialist Visit Copay – OMNIA Tier 1	\$25 Copay	\$25 Copay
Emergency Room – OMNIA Tier 1	\$100 Copay then deductible	\$100 Copay then deductible
Medical Deductible – OMNIA Tier 1	\$1,000	\$1,000
Medical Deductible – OMNIA Tier 2	\$2,500	\$2,500
Maximum Out-of-Pocket (MOOP) Limit – OMNIA Tier 1	\$4,500 / \$9000	\$4,500 / \$9,000
Maximum Out-of-Pocket (MOOP) Limit – Tier 2	\$6,350 / \$12,700	\$6,350 / \$12,700
Inpatient Hospital (Tier 1)	\$500 per day after deductible to \$2,500 max per admin.	\$500 per day after deductible to \$2,500 max per admin.
Prescription Drugs – OMNIA Tier 1	\$10 Generic then 40%/50%/50% coinsurance	\$10 Generic then 40%/50%/50% coinsurance

OMNIA GOLD

OMNIA GOLD	2020	2019
Tier 1 OMNIA Outpatient Surgery	\$250 copay after ded	\$250 copay after ded
Tier 2 OMNIA Outpatient Surgery	30% coin after ded	30% coin after ded
Tier 1 OMNIA Inpatient	\$500 per day after ded to \$2,500 max per admin.	\$500 per day after ded to \$2,500 max per admin.
Tier 2 OMNIA Inpatient	30% coin after ded	30% coin after ded
Tier 1 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Tier 2 OMNIA Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Tier 1 OMNIA Outpatient Imaging/Lab/X-Ray	Imaging: \$20 copay after ded Lab/X-Ray: \$20 copay	Imaging: \$20 copay after ded Lab/X-Ray: \$20 copay after ded
Tier 2 OMNIA Outpatient Imaging/Lab/X-Ray	30% coin after ded	30% coin after ded

ADVANTAGE EPO BRONZE

ADVANTAGE EPO BRONZE	2020	2019
Primary Care Physician	\$30 Copay after deductible	\$30 Copay
Specialist Visit Copay	50% Coinsurance after deductible	50% Coinsurance after deductible
Emergency Room	\$100 Copay then deductible and 50% coinsurance	\$100 Copay then deductible and 50% coinsurance
Medical Deductible	\$3,000 / \$6,000	\$3,000 / \$6,000
Maximum Out-of-Pocket (MOOP) Limit	\$7,900 / \$15,800	\$7,900 / \$15,800
Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Outpatient Imaging/Lab/X-Ray	Imaging: 50% after ded Lab/X-Ray: 50% after ded	Imaging: 50% after ded Lab/X-Ray: 50% after ded
Inpatient Hospital	50% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs	\$25 copay generics 50% coin after deductible brands	50% coinsurance after deductible

ADVANTAGE EPO SILVER

ADVANTAGE EPO SILVER	2020	2019
Primary Care Physician	\$30 Copay	\$30 Copay
Specialist Visit Copay	\$50 Copay	\$50 Copay
Emergency Room	\$100 Copay then deductible and 50% coinsurance	\$100 Copay then deductible and 50% coinsurance
Medical Deductible	\$2,500 / \$5,000	\$2,500 / \$5,000
Maximum Out-of-Pocket (MOOP) Limit	\$8,000 / \$16,000	\$7,350 / \$14,700
Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Outpatient Imaging/Lab/X-Ray	Imaging: 50% after ded Lab/X-Ray: 50% after ded	Imaging: 50% after ded Lab/X-Ray: 50% after ded
Inpatient Hospital	50% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs	\$15 copay for generics 50% coinsurance for brands	\$15 copay for generics 50% coinsurance for brands

ADVANTAGE EPO ESSENTIALS

ADVANTAGE EPO ESSENTIALS	2020	2019
Primary Care Physician	3 Visits prior to deductible	3 Visits prior to deductible
Specialist Visit Copay	\$0 copay after deductible	\$0 copay after deductible
Emergency Room	\$0 copay after deductible	\$0 copay after deductible
Medical Deductible	\$8,150 / \$16,300	\$7,900 / \$15,800
Maximum Out-of-Pocket (MOOP) Limit	\$8,150 / \$16,300	\$7,900 / \$15,800
Freestanding Lab/Radiology (non-complex)	\$0 copay	\$0 copay
Outpatient Imaging/Lab/X-Ray	Imaging: 0% after ded Lab/X-Ray: 0% after ded	Imaging: 0% after ded Lab/X-Ray: 0% after ded
Inpatient Hospital	\$0 copay after deductible	\$0 copay after deductible
Prescription Drugs	\$0 copay after deductible	\$0 copay after deductible

2020 Individual Products Portfolio Summary

Metal	2019 Product Portfolio	2020 Product Portfolio	2019 Premium	2020 Premium
Silver		OMNIA Silver Value (NEW)	-	\$312.29
	OMNIA Silver HSA	OMNIA Silver HSA	\$330.46	\$347.22
	OMNIA Silver	OMNIA Silver	\$351.84	\$369.44
	Advantage EPO Silver	Advantage EPO Silver	\$441.65	\$450.09
Gold	OMNIA Gold	OMNIA Gold	\$513.55	\$553.34
Catastrophic	Advantage EPO Essentials	Advantage EPO Essentials	\$251.97	\$247.93
Bronze	OMNIA Bronze HSA	OMNIA Bronze	\$285.25	\$287.36
	Advantage EPO Bronze	Advantage EPO Bronze	\$352.89	\$364.37

* All premiums shown based on 25 year old

Deductible - Definitions

- **Deductible**: The out-of-pocket expenses a member must incur before Horizon Blue Cross Blue Shield of New Jersey begins paying for covered medical expenses, usually based on a calendar year. For example, if a member has a health plan with a \$200 deductible, the member must meet that deductible before his/her health plan begins to provide benefits for the covered services and supplies.
- **Aggregate Deductible**: Once a member meets the individual deductible Horizon will begin to process their claims at the applicable coinsurance level. One member cannot exceed their individual deductible amount. The family deductible can be met by a combination of family members but it is important to remember that no one person will exceed their individual deductible.
- **True Family Aggregate Deductible**: Before Horizon begins to process claims at the applicable coinsurance level for any one member on the policy, the family deductible must be met. It can be met by one member on the policy or a combination of members. It is possible that one or more members can exceed their individual deductible until the family deductible is satisfied.



Pharmacy Benefits in the Individual Market

Formulary (covered drug list) structure

- All individual and small group plans use the formulary called the “Classic Drug List for the Health Insurance Marketplace”.
- This formulary (covered drug list) is organized into Tiers, or levels:
 - Generic (Tier 1): lowest cost share
 - Preferred brand (Tier 2): middle cost share
 - Non-preferred brand (Tier 3): highest cost share
- Specialty drugs can be generic, preferred brand or non-preferred brand, and fall under the respective tier.
- Some specialty drugs cannot be self-administered, and therefore are not covered through the pharmacy benefit.

Pharmacy Plan Attributes

- **Individual and small group products, whether on-exchange or off-exchange:**
 - Use the Classic Drug List for the Health Insurance Marketplace
 - Have the *NJ Select* retail pharmacy network – 65,000 retail pharmacies across the US
 - Have Prior Authorization (PA) program, DAW 1 and DAW 2
 - Exclude coverage for:
 - o sexual dysfunction drugs (such as Viagra, Cialis*)
 - o anti-obesity medicines (such as phentermine and Belviq), and
 - o prescription medicines with over-the-counter equivalents (such as Nexium 20mg)
 - Allow 90 day supplies at a retail pharmacy for three retail copays (1 copay per 30 day supply)
 - Allow 90 day supplies through AllianceRx Walgreens Prime mail order for the mail order copay
 - Require specialty drugs to be obtained from one of the 26 participating specialty pharmacies

*Cialis is covered when used for non-ED purposes such as BPH. Medical necessity through the PA process is required.

Formulary – On-Line Search Tool

- A drug search tool is available at HorizonBlue.com/formulary. The tool:
 - Does not indicate coverage
 - Connects to the Prime web site when a formulary is selected
 - Identifies the estimated contracted rate for medicine
 - Estimated contracted rate is based on 90 day supply; important to check 30 day supply contracted rate
- Since the drug search tool is not authenticated (member has not logged in):
 - The tool does not indicate member cost share based on specific plan design
 - It will not indicate if the medicine has special rules such as PA
 - The Formulary Guide pdf indicates coverage and utilization management requirements
- The Classic Drug List for the Health Insurance Marketplace pdf formulary guide indicates the medicines that are covered.
- CMS requires that Health Insurance Marketplace (HIM) products have a formulary guide that lists all covered medicines, the tier and special rules such as PA, Specialty or ACA \$0 drug



Horizon Wellness

Wellness Programs and Discounts: Summary

Benefit	Description	Product
HORIZONBFIT	Receive a \$20 reward for every month in which you visit one of the 4,000 participating fitness facilities 12 or more days a month, Walk 10,000 steps a day or at least 12 days a month, or complete a combination of both at least 12 days a month. See flyer for details.	OMNIA
Blue365®	Series of discounts Horizon provides. Discounts range from a \$29 gym membership to Diet programs, Hotels, Wearable devices, and apparel. Check out www.blue365deals.com for a complete list of discounts.	All
PRECIOUS ADDITIONS®	An educational program for expectant parents where can receive advise as well as discounts on certain services.	All
MY HEALTH MANAGER	<ul style="list-style-type: none"> Tailored online tracking and assessment tools, recommendations and educational content powered by WebMD. \$50 gift card when take the Health Assesment. The subscriber and their spouse are each eligible for a \$50 egiftcard. 	All



Horizon**b**Fit

Horizonb**Fit** rewards eligible Horizon BCBSNJ members for getting regular exercise. Once you enroll, you become eligible to receive a \$20 reward for every month in which you:

- Visit one of the 4,000 participating fitness facilities 12 or more days a month
- Walk 10,000 steps a day for at least 12 days a month, or
- Complete any combination of visiting a participating facility and walking 10,000 steps for a total of at least 12 days a month (e.g., within the month, you visit a participating gym for six days and walk 10,000 steps for six days)

With Horizonb**Fit, you can earn up to \$240 a year in rewards!**

Wellness: Blue 365 Gym & BFIT (OMNIA Only)

Customer enrolls in Blue 365 Tivity Health (All Members)

Incentive	<ul style="list-style-type: none">Monthly gym membership of \$29 month*
Number of gyms where available	<ul style="list-style-type: none">9,500 throughout the U.S.
Enrollment Process	<ul style="list-style-type: none">Go to Horizonblue.com/Blue365
Redemption Process	<ul style="list-style-type: none">Set up gym membership at participating gym and only charged \$29

Customer Enrolls in BFIT & Uses a BFIT Fitness Facility/Gym (OMNIA members only)

Incentive	<ul style="list-style-type: none">\$20 Per MonthUp to \$240 Annually
Number of gyms where available	<ul style="list-style-type: none">4,000 gyms throughout the U.S.
Enrollment Process	<ul style="list-style-type: none">Set up an account at horizonbfit.com.
Redemption Process	<ul style="list-style-type: none">\$20 is deposited in the member's account after they visit the facility 12 days in a given month, track 10,000 steps 12 days in a month or a combination of both.

If you have BFIT and Blue 365 Tivity Health and go to gym 12 or more days a month, the net cost to a Customer for a gym membership is \$9/month (\$108/year)

Wellness: Blue365®

- Our Web-driven, rapidly evolving national discounts program features weekly deals and partnerships with select national retailers for fitness gear, gym memberships, family activities, healthy eating options and more.
- Whether your goals are physical, such as losing weight and maximizing energy, or emotional like dealing with stress and improving your mood, Fitness Your Way can help you meet your goals
- **Fitness for your budget** - \$29 enrollment fee waived **through September 30 only**.
- Get up to 30% off on more than 20,000 experienced health and well-being specialists
- Save on vitamins, exercise equipment, aromatherapy, organic products.
- With 10,000 locations, find fitness facilities that fit you and your needs.



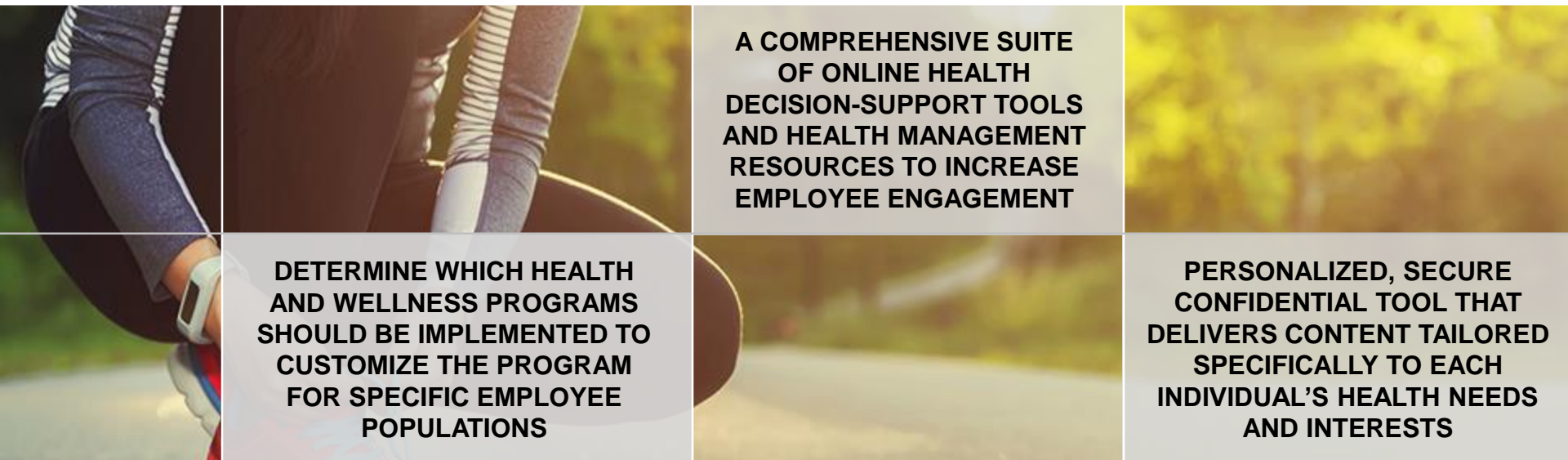
Visit www.blue365deals.com

Precious Additions®

- **Precious Additions®** promotes a healthy pregnancy for expectant parents-to-be
- Free voluntary education program for eligible members that provides valuable health information on their pregnancy
- Members will receive educational materials/resources in the mail
 - Pregnancy health guide and Child's guide
 - Information about Horizon program and resources
 - Receive up to a \$50 reimbursement for prenatal education
 - Post Partum screening calls after birth of baby
 - Proactively identify potential issues early



My Health Manager



- Use My Health Manager, powered by WebMD®, to access your online [personal health record](#), which automatically captures diagnoses, medicines and lab results from health care professionals
- Use My Health Manager to take the [Health Assessment](#), which identifies their health risks and generates a score based on that information.
- My Health Manager will also recommend articles and videos from WebMD's extensive library that relate to the member's diagnoses. Members can participate in the monthly Wellness webinars

24/7 NURSE LINE

- An inbound telephonic program with a registered nurse to address general health and wellness questions/concerns
- Through Live Nurse Chat, members can also learn more about fitness, nutrition, common illnesses and conditions, prevention tips
- The nurse can display web pages and suggest other helpful resources related to the topic being discussed



TELEMEDICINE

- Consult with a doctor anytime using **Horizon CareOnline** to talk with a licensed, U.S. board-certified doctor via video, chat or phone 24 hours a day, seven days a week. No appointments
- Through the **Horizon App** using Video Call with a Doctor

CHRONIC CARE PROGRAM

- Promotes the well-being of members
- Helps targeted health education, counseling and positive reinforcement to encourage member adherence to their respective health care provider's recommended treatment regimens according to evidence-based clinical practice guidelines.
- Provided by health care professionals
- Uses the following clinical identification algorithms to identify members for participation:
 - Medical, laboratory and pharmacy claims data
 - Medication compliance reports
 - Individual utilization profiles
 - Self-reported information from Health Risk Assessments

Telemedicine / Video Call or Chat with Doctor

- **Video Call or Chat with a Doctor**
Horizon Blue Cross Blue Shield of New Jersey (Horizon) is making it easy for you to stay in control of your health. With Horizon CareOnlineSM you have access to talk with a licensed doctor via video or phone, 24 hrs/day, 7 days/wk. No appointment needed. Simply select a physician and connect.
- Accessed via the Horizon CareOnline
 - Directly on the Member Portal (**HorizonBlue.com**)
 - Through the **Horizon App** using Video Call with a Doctor

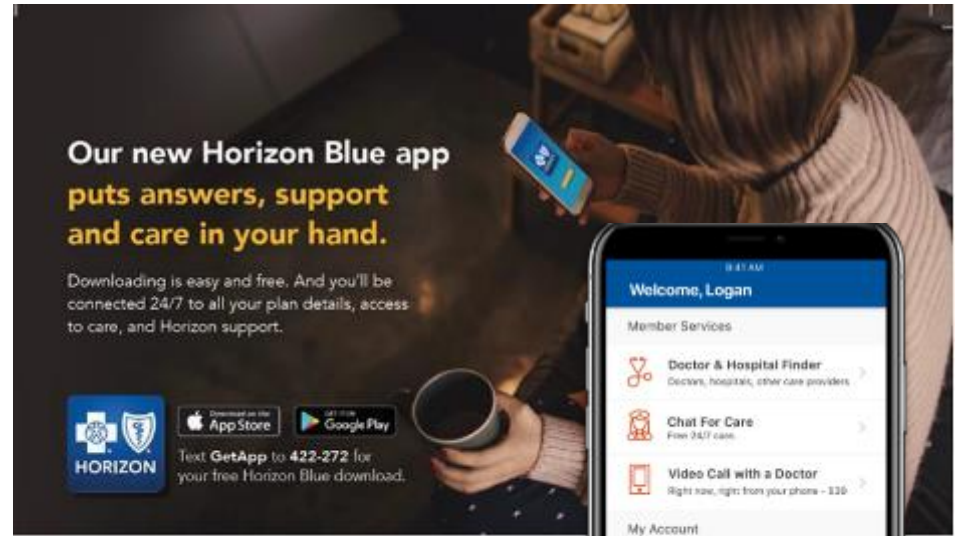


TELEMEDICINE CHARGE FOR 2020	
Advantage EPO Essentials	\$39 until the Deductible is met, then \$0
OMNIA Bronze and Silver Value	\$15
Advantage EPO Bronze	\$15
OMNIA Silver Value - 73%	\$10
OMNIA Silver Value - 87% and OMNIA Silver Value - 94%	\$5
OMNIA Silver HSA and OMNIA Silver HSA - 73%	\$39 until Deductible is met then \$10
OMNIA Silver HSA - 87% and OMNIA Silver HSA - 94%	\$39 until Deductible is met then \$5
OMNIA Silver, OMNIA Silver 73% and OMNIA Silver 87%	\$10
OMNIA Silver - 94%	\$5
Advantage EPO Silver and Advantage EPO Silver 73%	\$15
Advantage EPO Silver - 87% and Advantage EPO Silver 94%	\$10
OMNIA Gold	\$10

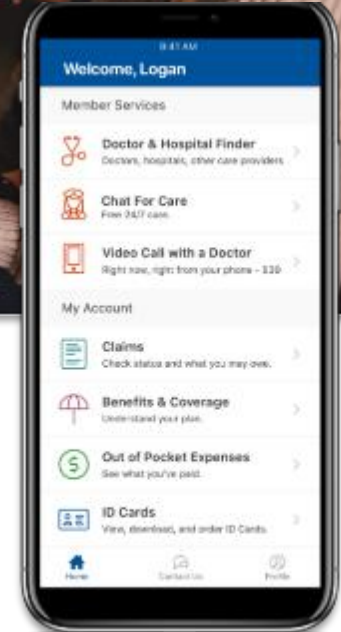
Horizon Blue App

Horizon Blue App is a 24/7 connection to all the ins and outs of your plan.

- Benefits and Coverage info
 - Instant access to coverage details.
- Care When you Need it
 - Quick Connection to Health Providers
- Horizon Support in your hands
 - Fast answers to coverage questions
- **Horizon Blue App puts benefits at your fingertips. Instantly access:**
 - Deductibles
 - Coinsurance & Copays
 - Claims
 - Coverage Types
 - Prior Authorizations
 - Video Chat
 - **Bill Pay (New)**



Text **GetApp** to **422-272**
For your free Horizon Blue download



Telemedicine – Horizon Blue App Video Links

- [Horizon Blue App Video Online](#)
- [The Horizon Blue App with New Bill Pay WebEx](#)



Additional Information

Immunizations

- **Immunizations** are covered through the medical benefit
- **To create greater access** to immunizations, several pharmacy chains and independents in NJ are contracted as ancillary medical providers
- **These pharmacies** administer immunizations for \$0 to Horizon medical members and submit medical claims for the service
- **Only locations** in the state of NJ are contracted:
 - Acme
 - CVS
 - Park Plaza Pharmacy (Matawan, NJ)
 - Rite Aid
 - ShopRite
 - Walgreens

Check it out:
www.HorizonBlue.com/flu

Updates to Away From Home Care Program (AFHC)

- Effective immediately, any member that has a **Horizon BCBSNJ HSA plan (OMNIA HSA or EPO HSA)** is **NOT eligible** for the AFHC program. Members who have an OMNIA, EPO or HMO policy remain eligible.
- **As of October 1, 2019**, AFHC will be offered with the following plans:
 - **HMO**
 - **EPO (non-HSA) plans**
 - **OMNIA (non-HSA) plans**
- Horizon BCBSNJ offers the AFHC Program at no additional cost for members without BlueCard® coverage in Horizon HMO, Horizon EPO and OMNIA Health Plans.
- Horizon is going to allow those members currently enrolled to finish their current enrollment. Thereafter, if the member still holds an HSA policy they would not be able to renew.

BlueCard Program Overview

- Allows participating providers in every state to submit almost all types of claims for out-of-state members to their local Blue Cross and Blue Shield Plan. This program eliminates your need to track money due from multiple Blue Cross and Blue Shield Plans. We process your reimbursement and provide you an Explanation of Payment (EOP).
- New Jersey providers that do not participate with Horizon Blue Cross Blue Shield of New Jersey may also send their claims to us to be submitted to the appropriate plan for processing; however, these providers may not receive reimbursement from their local plan and will still be required to bill the patient.

OMNIA Gold Plan

NJ mandate remains in effect for 2020

- **Health Insurance Market Preservation Act (Individual Mandate)** – requires all New Jersey residents to have health coverage or pay a penalty. New Jersey's mandate mirrors the former federal requirement under the ACA and refers back to the ACA for key terms, including definitions, minimum essential coverage (MEC) and penalty amounts based on individual or family income. The annual penalty is 2.5 percent of the household's income or a per-person charge, whichever is higher. Effective January 1, 2019.

Important notes:

- Failure to have health coverage or qualify for an exemption may result in the assessment of a Shared Responsibility Payment (SRP).
- Exemptions are available for reasons such as having income below a certain level, having a short gap in coverage, having no affordable coverage options or experiencing a hardship.
- The amount of the SRP is based on income and family size and is capped at the statewide average premium for a Bronze Health Plan in NJ.

Shared Responsibility Payment

- Failure to have health coverage or qualify for an exemption may result in the assessment of a **Shared Responsibility Payment (SRP)** on your 2019 New Jersey Income Tax return.
- You'll only be penalized for lacking insurance if you can afford to get health insurance but didn't. Individuals who are not required to file a New Jersey Income Tax return are automatically exempt from the SRP.
- The payment is set per criteria in the New Jersey Health Insurance Market Protection Act of 2018. Your payment amount is capped at the cost of the statewide average premium for [Bronze Health Plans](#) in New Jersey, as determined by the New Jersey Department of Banking and Insurance.
- You are required to make a payment for the months that you and any family members do not have minimum essential coverage or a [coverage exemption](#) when you file your tax return.
- The following are examples of what the SRP could be:

Individual taxpayer:

- Minimum: \$695
- Maximum: \$3,012

Family with two adults and three dependents and household income of \$200,000 or below:

- Minimum: \$2,085
- Maximum: \$4,500

Family with two adults and three dependents and household income of \$200,001 to \$400,000:

- Minimum: \$2,085
- Maximum: \$9,500

Family with two adults and three dependents and household income of \$400,001 and above:

- Minimum: \$2,085
- Maximum: \$15,060

Note: Household income is the income of all members in a household, including dependents.


2020 Marketing Campaign



Marketing Support – 2019 BRAND STICKERS

**Find in-network
doctors on
your phone.**

That's how Blue works for you.




Horizon.

Horizon Blue Cross Blue Shield of New Jersey is a registered trademark of the New Jersey and New York State Insurance Companies.


**Medical, dental,
vision, even pet
insurance.**

That's how Blue works for you.



Horizon.

Horizon Blue Cross Blue Shield of New Jersey is a registered trademark of the New Jersey and New York State Insurance Companies.



**Health and
wellness
for mind
and body.**

That's how Blue works for you.

Horizon.

Horizon Blue Cross Blue Shield of New Jersey is a registered trademark of the New Jersey and New York State Insurance Companies.






**Working with doctors to
improve your health.**

That's how Blue works for you.

Horizon.




Horizon Blue Cross Blue Shield of New Jersey is a registered trademark of the New Jersey and New York State Insurance Companies.




Marketing Support – 2019 BRAND EMPLOYEE LAUNCH POP UP BANNERS



Pay your premium right on your phone.

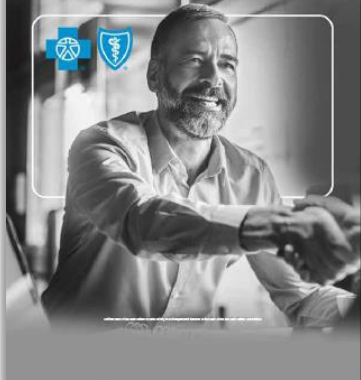


That's how Blue works for you.





Service that stays with you every step of the way.

That's how Blue works for you.





Make doctor appointments. Anytime. Anywhere.

That's how Blue works for you.





Here when you need us most.

That's how Blue works for you.



Key Individual Health Plan Benefit Details

Durable Medical Equipment	Authorization is required for durable medical equipment (DME) and subject to medical necessity guidelines
Hearing Exams/ Hearing Aids-Adult	Adult routine hearing exams are covered one per calendar year and are subject to any applicable copay, coinsurance and deductible amounts. Adult hearing aids are not covered.
Hearing Exams/Hearing Aids-Pediatric	<p>Pediatric hearing aids are covered for covered persons age 15 or younger. Coverage includes the purchase of one hearing aid for each hearing-impaired ear every 24 months. Medically necessary services include fittings, examinations, hearing tests, dispensing fees, modifications and repairs, ear molds and headbands for bone-anchored hearing implants. The hearing aid must be recommended or prescribed by a licensed physician or audiologist. Eligible services are covered as follows</p> <ul style="list-style-type: none"> • The hearing aid itself is covered at 100% of the allowance and the deductible does not apply • The visit to determine the need for a hearing aid is covered at 100% of allowance and is subject to the applicable copay. The deductible does not apply
OMNIA HSA Plans	<p>For individual/Consumer members enrolling in the Individual OMNIA HSA plans, the member is responsible to create and fund an HSA account through a financial institution. Horizon BCBSNJ does not coordinate or handle inquires for HSA accounts set up by individual members</p> <p>Members receiving cost-sharing reduction subsidies may not be eligible for an HSA under this plan as some variations of this plan do not meet the IRS requirements of a High Deductible Health Plan</p>

Key Individual Health Plan Benefit Details (continued)

OON Services	There are no OON benefits, except in emergency situations		
Prescription Drug Coverage	Prescription drug coverage is embedded in the medical benefits for Individual/Consumer and Small Employer plans. Eligible drugs are subject to the applicable cost sharing amounts. Prior authorization may be required for certain drugs. The “Classic Formulary for the Health Insurance Marketplace” will be used for all Individual products		
Preventive Services	Preventive services are covered in full and not subject to any copay, deductible or coinsurance		
	Just for Women <ul style="list-style-type: none"> • Well-woman visits • Osteoporosis screenings • HPV DNA test every 3 years • Cervical cancer screenings • BRCA counseling 	Just for Children <ul style="list-style-type: none"> • Developmental screenings • Vision screenings • Newborn hearing screenings • Autism screening • Adolescent depression screenings 	Just for Adults <ul style="list-style-type: none"> • Annual physical • Blood pressure screenings • HIV screenings • Type 2 diabetes • Obesity screening/counseling • and more...
Primary Care Physician	The providers that are considered primary care physicians are: <ul style="list-style-type: none"> • General practitioners • Family practitioners • Internist • Pediatrician 		

Key Individual Health Plan Benefit Details (continued)

Referrals and Authorizations	Referrals are not required on any of the plans. Authorizations are required for certain services. Check CPL to determine if a service requires an authorization.
Telemedicine Consultations	Telemedicine consultations are eligible and are subject to the applicable cost share amounts. We brand this service as Horizon Blue App. Check CPL to determine if the member's plan includes coverage for telemedicine.
Timely Filing	The timely filing limit is 12 months. Claims must be filled no later than one year after the date services were incurred.
Vendor Partner Services	<p>Eligible services arranged through the vendor partners listed below will be reimbursed based on the tier level of the provider.</p> <ul style="list-style-type: none"> • eviCore healthcare (formerly CareCore National, LLC): Radiology/cardiology, radiation therapy and pain management services • Magellan Rx Management (formerly ICORE Healthcare, LLC): Medical injectable, specialty pharmacy, home infusion and dialysis drugs • Behavioral health and substance abuse services. (We will provide vendor information) <p>Eligible services arranged through the vendor partners listed below will be reimbursed at the OMNIA Tier 1 level of benefits</p> <ul style="list-style-type: none"> • American Well: Telemedicine • CareCentrix: DME/At-home medical services



Horizon Individual Products & Programs