MOUNT OLIVE SCHOOL DISTRICT

"Ready for what comes next"

EMPLOYEE BENEFITS GUIDE

D10, D15 & D20/30

- MEDICAL/RX
- DENTAL
- VISION
- VOLUNTARY LIFE INSURANCE & DISABILITY
- VOLUNTARY CRITICAL ILLNESS & ACCIDENT
- HOW TO

MEDICAL/RX 10

MOUNT OLIVE SCHOOL DISTRICT

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Mount Olive Township BOE

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$100
Family	None	$250
	Deductible is Calendar Year.	
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	$400	$2,000
Family	$800	$5,000
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $10 copay A primary care physician is a general or family practitioner, internist or pediatrician	80% after deductible
Specialist Office Visit	100% after $10 copay A referral is not required to visit a specialist.	80% after deductible
Maternity Visits	100% after $10 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	80% after deductible
Allergy Testing and Treatment	100%	80% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	80% (no deductible)
Well Child Exams	100%	80% (no deductible)
Well Child Immunizations and Lead Screening	100%	80% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	80% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	80% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at **1-866-969-1234** to schedule an appointment. *Note: Managed Care members can call **1-866-969-1234** to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	100%	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Dept. Services	100%	80% after deductible
Emergency Care		
Emergency Room	100% after $25 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	80% after deductible

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Outpatient Surgery		
Hospital Outpatient Surgery	100%	80% after deductible
Surgery in an Ambulatory SurgiCenter	100%	80% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after $10 copay	80% after deductible
Substance Abuse Services		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after $10 copay	80% after deductible
Alcohol Abuse Services		
Inpatient	100%	80% after deductible
Outpatient department	100%	80% after deductible
Office setting	100% after $10 copay	80% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Acupuncture	100%	80% after deductible
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copay	80% after deductible
Diabetic Supplies	90%	80% after deductible
Durable Medical Equipment	90%	80% after deductible
Home Health Care	100%	80% after deductible
Hospice Care	100%	80% after deductible
Infertility (including in-vitro fertilization)	100% after office copay	80% after deductible Limited to 4 egg retrievals per lifetime
Nutritional Counseling	100% after $10 copay	80% after deductible Limited to 3 visits per benefit period
Orthotics and Prosthetics	100% after $10 copay	80% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	80% after deductible
Private Duty Nursing	90%	80% after deductible Unlimited
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $10 copay	80% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days	80% after deductible up to 60 days The overall maximum per benefit period is 120 days combined in and out of network.
Therapeutic Manipulation (Chiropractic Care)	100% after office copay	80% after deductible 30 visit maximum per benefit period
Vision - Routine Eye Exam	100% after $10 copay	Not Covered
Vision Hardware	Not Covered	
Prescription Drugs	Covered under a freestanding Rx program	
Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	

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Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at **www.HorizonBlue.com**.
24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract.

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Prescription Drug Program
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The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
Two Tier Copayment Plan:		
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	$3	$10
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$5	$15
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.	Not Applicable	
Benefit Period Maximum	$1,370	
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectible Contraceptives	
Mandatory Generic:	Not Applicable	
Specialty Pharmacy Program: Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Synctial Virus, and Rheumatoid Arthritis.	• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy. • Claims assistance to help determine individual coverage and file the necessary paperwork. • Easy access to pharmacists and other health experts 24 hours a day, seven days a week. • Single, reliable source for specialty medication needs. • Easy ordering with a dedicated toll-free number. • Confidential and convenient delivery to the location of choice (i.e., home, physician's office.) • Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions. • NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.	
Exclusions:	Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at www.horizon-bcbsnj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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MEDICAL/RX 15

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Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$100
Family	None	$250
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	$400	$2,000
Family	$800	$5,000
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $15 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after $15 copay A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after $15 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at **1-866-969-1234** to schedule an appointment. *Note: Managed Care members can call **1-866-969-1234** to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	100%	70% after deductible
Room and Board	100%	70% after deductible
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible
Emergency Care		
Emergency Room	100% after $50 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	70% after deductible

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Outpatient Surgery		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 copay	70% after deductible
Substance Abuse Services		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	90%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after office copay	70% after deductible
	Limited to 4 egg retrievals per lifetime	
Nutritional Counseling	100% after $15 copay	70% after deductible
	Limited to 3 visits per benefit period	
Orthotics and Prosthetics	100% after $15 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	90%	70% after deductible
	Unlimited	
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $15 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days	70% after deductible up to 60 days
	The overall maximum per benefit period is 120 days combined in and out of network.	
Therapeutic Manipulation (Chiropractic Care)	100% after office copay	70% after deductible
	30 visit maximum per benefit period	
Vision - Routine Eye Exam	100% after $15 copay	Not Covered
Vision Hardware	Not Covered	
Prescription Drugs	Covered under a fresstanding RX program	
Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	

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Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
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Prescription Drug Program
Mount Olive Township BOE

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
Two Tier Copayment Plan:		
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	$3	$10
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$5	$15
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.	Not Applicable	
Benefit Period Maximum	$1,370	
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectible Contraceptives	
Mandatory Generic:	Not Applicable	
Specialty Pharmacy Program: Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Synctial Virus, and Rheumatoid Arthritis.	• Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy. • Claims assistance to help determine individual coverage and file the necessary paperwork. • Easy access to pharmacists and other health experts 24 hours a day, seven days a week. • Single, reliable source for specialty medication needs. • Easy ordering with a dedicated toll-free number. • Confidential and convenient delivery to the location of choice (i.e., home, physician's office.) • Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions. • NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.	
Exclusions:	Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at www.horizon-bcbsnj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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MEDICAL/RX 20/30

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Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$200
Family	None	$500
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	$800	$5,000
Family	$1,600	$12,500
	Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.	
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $20 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after $30** copay A referral is not required to visit a specialist. **Please note: On the $20/30 plan, specialist copay is same as PCP ($20) for dependent children.	70% after deductible
Maternity Visits	100% after $30** copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore healthcare at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at **1-866-969-1234** to schedule an appointment. *Note: Managed Care members can call **1-866-969-1234** to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	100%	70% after deductible and $500 copay
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible
Emergency Care		
Emergency Room	100% after $100 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	70% after deductible

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Outpatient Surgery		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $30** copay	70% after deductible
Substance Abuse Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $30** copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100%	70% after deductible and $500 copay
Outpatient department	100%	70% after deductible
Office setting	100% after $30** copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	90%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after office copay	70% after deductible Limited to 4 egg retrievals per lifetime
Nutritional Counseling	100% after $30** copay	70% after deductible Limited to 3 visits per benefit period
Orthotics and Prosthetics	100% after $20 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	100%	70% after deductible Unlimited
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $20 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days	70% after deductible up to 60 days The overall maximum per benefit period is 120 days combined in and out of network.
Therapeutic Manipulation (Chiropractic Care)	100% after office copay	70% after deductible 30 visit maximum per benefit period
Vision - Routine Eye Exam	100% after $30** copay	Not Covered
Vision Hardware	Not Covered	
Telemedicine	100% after $15 copay	Not Covered
Prescription Drugs	Covered under a freestanding Rx program	
Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	

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DIRECT ACCESS DESIGN 7 $20/30

Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at **www.HorizonBlue.com**.
24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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Horizon Blue Cross Blue Shield of New Jersey
Making Healthcare Work.

Prescription Drug Program
Mount Olive Township BOE

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Preferred Brand Name Drugs	Non Preferred Brand Name Drugs
Three Tier Copayment Plan:			
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	$3	$18	$46
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$5	$36	$92
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
Benefit Period Maximum		$1,370	

Plan includes:

Contraceptive drugs & devices obtained at a pharmacy
Diabetic Supplies
Erectile Dysfunction drugs - limit of 4 per month
Fertility Drugs
Self-Administered Contraceptives & Injectible Contraceptives

Mandatory Generic: Not Applicable

Specialty Pharmacy Program:

Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Synctial Virus, and Rheumatoid Arthritis.

- Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.

Exclusions:

Anti-Obesity Drugs
Over The Counter Vitamins & Minerals
Growth Hormones (unless prior authorized)
Drugs for Cosmetic Purposes
Immunization Agents and Allergy Serum

Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at www.horizon-bcbsnj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your ID card.

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DELTACARE DHMO USA

MOUNT OLIVE SCHOOL DISTRICT

"Ready for what comes next"

DELTA DENTAL

Group Name

DeltaCare® USA (DHMO)

You must visit your selected DeltaCare USA general dentist to receive benefits under your plan. Find or change your dentist at deltadentalins.com or by calling Customer Service. Don't want to choose a dentist on your own? We can designate one for you.

- No ID card is necessary to receive treatment – just provide your dentist with your name, date of birth and social security or enrollee ID number.
- There are no claims forms to complete – just pay your copayment (if any) at the time of treatment.
- If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate a referral for you.

Regular cleanings are a great way to keep your smile bright and may catch problems before more costly and extensive services are necessary. Your plan is designed with low or no costs for routine cleanings and exams.

	Plan 11A
Annual Maximum	None
Lifetime Ortho Maximum	None
Deductible	None
Office Visit Copay	None
Procedure Codes	**Member Copays**
D0120 - Periodic Oral Exam	$0
D0210 - X-Rays, Complete Series	$0
D0272 - 2 Bitewing X-Rays	$0
D1110 - Adult Prophylaxis *(cleaning)*	$0
D2150 - 2 Surface Filling	$0
D2330 - 1 Surface Comp. Resin Filling (anterior teeth)	$0
D2750 - Porcelain/Gold Crown	$240
D3310 - Anterior Root Canal	$55
D4341 - Scalings & Root Planing (Quad)	$25
D5110 - Complete Upper Denture	$145
D6750 – Retainer Crown	$240
D7140 - Single Extraction	$5
D8010-D8040 - Limited Orthodontics (child and adult)	$950-$1,150
D8050-D8060 - Interceptive Orthodontics (child)	$950
D8070-D8090 - Comprehensive Orthodontics (child and adult)	$1,700-$1,900

DENTAL PPO+PREMIER

MOUNT OLIVE SCHOOL DISTRICT

"Ready for what comes next"

DELTA DENTAL

Mt. Olive Board of Education
Group #07739
Delta Dental PPO Plus Premier™

	In-Network		Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® is Used	If a Non-Participating Dentist is Used
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Sealants; Space Maintainers	100%	100%	100%
Basic Fillings; Simple Extractions; Root Canals (Endodontics); Periodontics; Oral Surgery; Repair of Dentures	80%	80%	80%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures	50%	50%	50%
Annual Maximum (per person)	$ 2,000	$ 2,000	$ 2,000
Annual Deductible Per Person Family Maximum Waived for	 $50 $100 Preventive & Diagnostic	 $50 $100 Preventive & Diagnostic	 $50 $100 Preventive & Diagnostic
Orthodontics Adult & Child Lifetime Maximum	 50% $ 3,000	 50% $ 3,000	 50% $ 3,000

Carryover Max℠ from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover Max℠ is easy and automatic.

- To qualify for Carryover Max℠, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max ℠ benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max℠ allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of $500. For example, if your standard annual maximum is $1,000, and you use $200, you can carry over $200 ($800 x 25% = $200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max℠ dollars are used after the standard annual maximum is met.

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO℠ dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call **1-800-DELTA-OK** and a list of participating dentists located in your area will be mailed directly to your home, or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the

VISION

MOUNT OLIVE SCHOOL DISTRICT

"Ready for what comes next"

Mount Olive Board of Education

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- You're on the **Insight** Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-804-0982
- For LASIK providers, call 1-877-5LASER6

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam With Dilation as Necessary	$0 Copay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 Copay; $200 allowance, 20% off balance over $200	Up to $140
Standard Plastic Lenses		
Single Vision	$0 Copay	Up to $30
Bifocal	$0 Copay	Up to $50
Trifocal	$0 Copay	Up to $70
Lenticular	$0 Copay	Up to $70
Standard Progressive Lens	$55 Copay	Up to $52
Premium Progressive Lens[Δ]	$85 Copay - $175 Copay	Up to $52
Tier 1	$85 Copay	Up to $52
Tier 2	$95 Copay	Up to $52
Tier 3	$110 Copay	Up to $52
Tier 4	$175 Copay	Up to $52
Lens Options *(paid by the member and added to the base price of the lens)*		
UV Treatment	$15	N/A
Tint (Solid and Gradiant)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate - age 19 and over	$40	N/A
Standard Polycarbonate - under age 19	$0	Up to $32
Standard Anti-Reflective Coating	$45	Up to $5
Premium Anti-Reflective Coating[Δ]	$57 - $85	Up to $5
Tier 1	$57	Up to $5
Tier 2	$68	Up to $5
Tier 3	$85	Up to $5
Photochromic/Transitions	$75	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lens Fit and Follow-up *(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*		
Standard Contact Lens Fit & Follow-Up:	$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off Retail Price	N/A
Contact Lenses *(Contact Lens allowance includes materials only)*		
Conventional	$0 copay, $200 allowance, 15% off balance over $200	Up to $200
Disposable	$0 copay, $200 allowance, plus balance over $200	Up to $200
Medically Necessary	$0 copay, Paid-In-Full	Up to $210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
Frequency		
Examination	Once every plan year	
Lenses (in lieu of contact lenses)	Once every plan year	
Contacts (in lieu of lenses)	Once every plan year	
Frame	Once every two plan year	

QL-0000078442

[Δ] Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level . All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of anyWorkers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Get more and see more with EyeMed



72%
AVERAGE SAVINGS

on eye exams and glasses for EyeMed members*

CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers–independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.

CREATE AN ACCOUNT

Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.

MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand–and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

Learn more about enrolling in EyeMed vision benefits at **enroll.eyemed.com** and see more of the good stuff

Based on a sample transaction on the Insight network with a covered exam and eyewear benefits

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET OPTICAL sears OPTICAL JCPenney | optical

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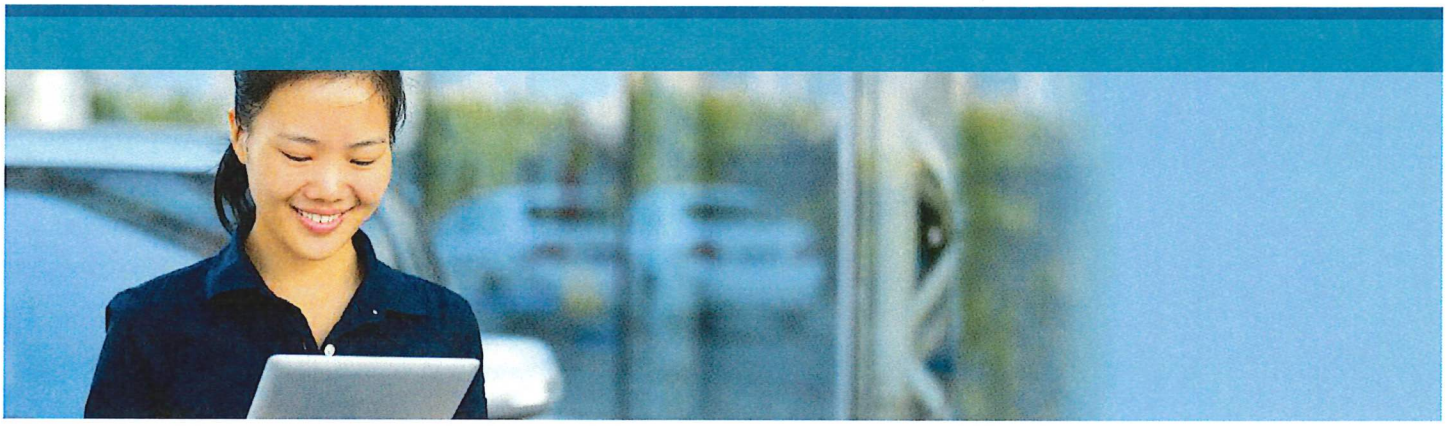
HOW TO

Mount Olive School District

"Ready for what comes next"

Horizon

Horizon Blue Cross Blue Shield of New Jersey



Member Online Services

Horizon Blue Cross Blue Shield of New Jersey gives you the tools you need to manage your health care benefits online.

Sign in to Member Online Services at **HorizonBlue.com/members** to:

- Review the status of claims.
- View Explanation of Benefits (EOB) statements.
- Sign up to receive EOBs securely online.
- Update your personal information.
- Enter other health insurance coverage information to ensure proper coordination of benefits.
- View and print a member ID card.
- Track your deductible and out-of-pocket maximums.
- Review covered benefits.
- Use our Treatment Cost Estimator to estimate out-of-pocket costs before you receive care.
- Rate your doctor and read other member reviews of doctors.

Questions?

Get answers to frequently asked questions at **HorizonBlue.com/FAQs**. If you can't find an answer to your question, send us your question through our secure Message Center. Simply sign in to Member Online Services and select *My Message Center*. You will receive a response within two business days.

For help with Member Online Services, email **member_portal@HorizonBlue.com** or call our eService Help Desk at **1-888-777-5075** from 7 a.m. to 6 p.m., Eastern Time, Monday through Friday.

SAFE AND SECURE

We use the latest technology to keep your personal information confidential and secure. Create your online account with a unique password and be assured your information is safe.

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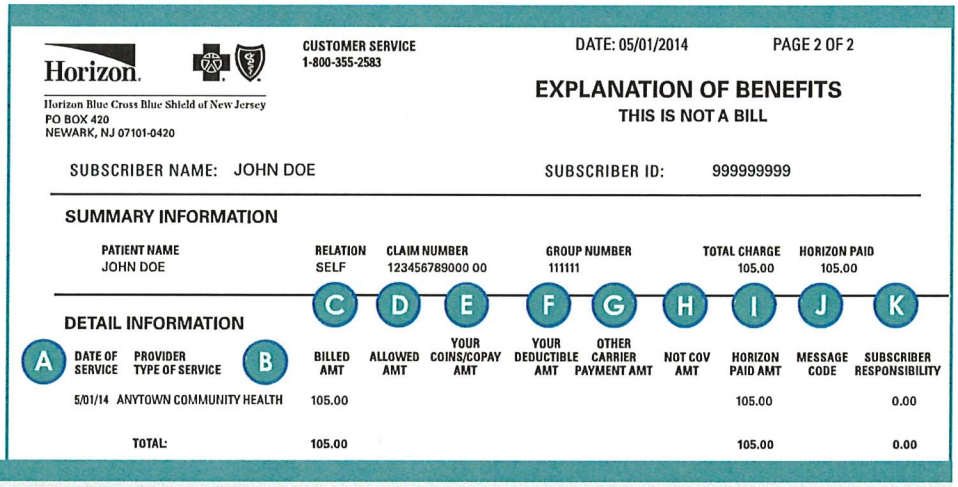
The ABCs of an EOB

Understanding your Explanation of Benefits (EOBs)

To make the most of your health care coverage, it's a good idea to understand how your plan pays claims and your role in the process. Horizon Blue Cross Blue Shield of New Jersey is updating the way we present your claims information on your Explanation of Benefits (EOBs). An EOB will be available up to 15 business days after the claim is processed. A single EOB may show up to 25 processed claims. Your EOB will show claims and payment information for you and covered family members. The EOB will give you a comprehensive view of the health care services you and your dependents have received.

The sample EOB here provides an overview of that information and what it means to you.

You can also view your claims activity by clicking the claim number on the *Claims* tab or download and print your EOB from Member Online Services. Or, sign up for paperless EOBs to go green and stop the mail. To register or sign in to Member Online Services, please visit **HorizonBlue.com/members**.



Horizon

Horizon Blue Cross Blue Shield of New Jersey
PO BOX 420
NEWARK, NJ 07101-0420

CUSTOMER SERVICE
1-800-355-2583

DATE: 05/01/2014 PAGE 2 OF 2

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

SUBSCRIBER NAME: JOHN DOE SUBSCRIBER ID: 999999999

SUMMARY INFORMATION

PATIENT NAME	RELATION	CLAIM NUMBER	GROUP NUMBER	TOTAL CHARGE	HORIZON PAID
JOHN DOE	SELF	123456789000 00	111111	105.00	105.00

DETAIL INFORMATION

A DATE OF SERVICE	PROVIDER TYPE OF SERVICE B	C BILLED AMT	D ALLOWED AMT	E YOUR COINS/COPAY AMT	F YOUR DEDUCTIBLE AMT	G OTHER CARRIER PAYMENT AMT	H NOT COV AMT	I HORIZON PAID AMT	J MESSAGE CODE	K SUBSCRIBER RESPONSIBILITY
5/01/14	ANYTOWN COMMUNITY HEALTH	105.00						105.00		0.00
	TOTAL:	105.00						105.00		0.00

A – Date of Service	The date that services were provided to the patient.
B – Type of Service	A brief explanation of each service.
C – Billed Amount	Amount charged by the doctor or health care professional for each service on the claim.
D – Allowed Amount	The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost sharing (if applicable). For services obtained out of network, the difference between billed and allowed amounts will be included in the amount shown as subscriber responsibility (K).
E – Your Coinsurance/ Copayment Amount	The coinsurance or copayment amount that is your responsibility after you have met your deductible, if applicable. You pay this amount to the doctor or health care professional.
F – Your Deductible Amount	The amount applied for this service under your benefits contract. You are responsible for paying this amount to the doctor or health care professional.
G– Other Carrier Payment Amount	The amount paid by another insurance carrier, if applicable.
H – Not Covered Amount	Any amount of the fee charged for the service that is not covered by your plan; expenses not covered or in excess of your benefits. You may be responsible for this amount in addition to any deductible, coinsurance or copayment. Examples of expenses that may appear in this column are costs above the negotiated rate when using an out-of-network doctor or amounts for duplicate services.
I – Horizon BCBSNJ Paid Amount	The total amount paid by Horizon BCBSNJ for the services rendered. This amount may be paid to you, your doctor or health care professional or designated payee.
J – Message Code	A code in this column refers to specific messages below each claim that help explain how we calculated our payment.
K – Subscriber Responsibility	The balance due from the subscriber to the doctor or health care professional after the copayment, deductible, coinsurance and benefits have been applied.

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Horizon

Horizon Blue Cross Blue Shield of New Jersey

Need Proof of Your Horizon BCBSNJ Coverage in a Hurry? We Can Help!

If you lose your member ID card or need to visit a health care professional before you receive your member ID card, you can use Member Online Services to print a temporary member ID card as confirmation of your Horizon Blue Cross Blue Shield of New Jersey coverage.

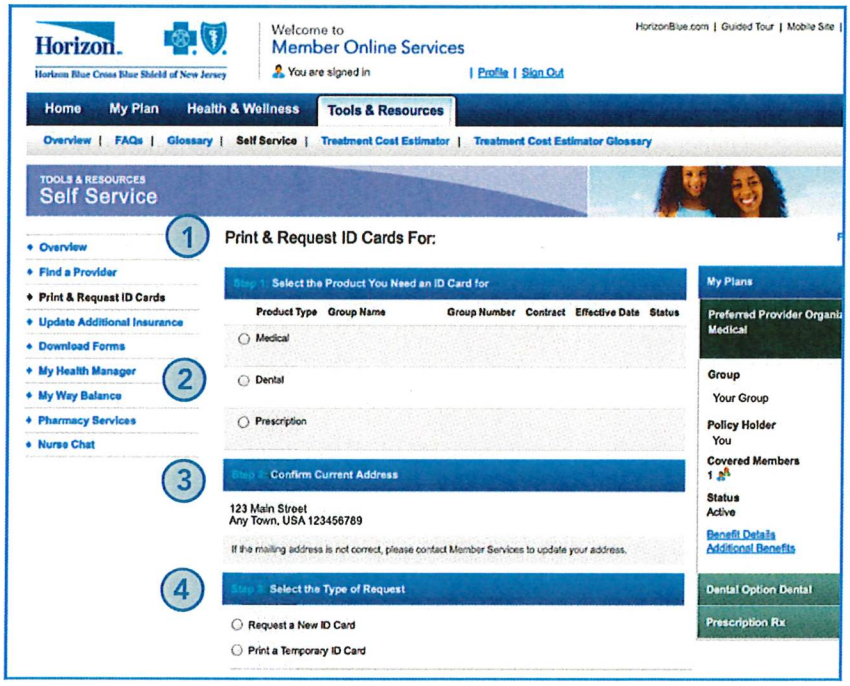
To print a temporary member ID card, you must register for and sign in to Member Online Services at **HorizonBlue.com/members**. When you register, please have your member ID number or Social Security Number available.

Printing Your Temporary Member ID Card

- Sign in to Member Online Services at **HorizonBlue.com/members**.
- Select *Print & Request ID Cards* from the *I Want To...* menu on the right and follow these steps:

1. From the dropdown menu, choose the name of the person for whom you are printing the member ID card.
2. Select the coverage type (Medical, Dental or Prescription).
3. Confirm your current mailing address.
4. Select *Print a Temporary ID Card* and click *Submit*.

   An image of your member ID card will appear, which you can print as proof of your coverage.



You can also view your member ID card or order a replacement member ID card using the **Horizon Blue app**[1], available for your Android™ or Apple® device.

1 There is no charge from Horizon BCBSNJ to download the Horizon Blue App, but rates from your wireless provider may apply.

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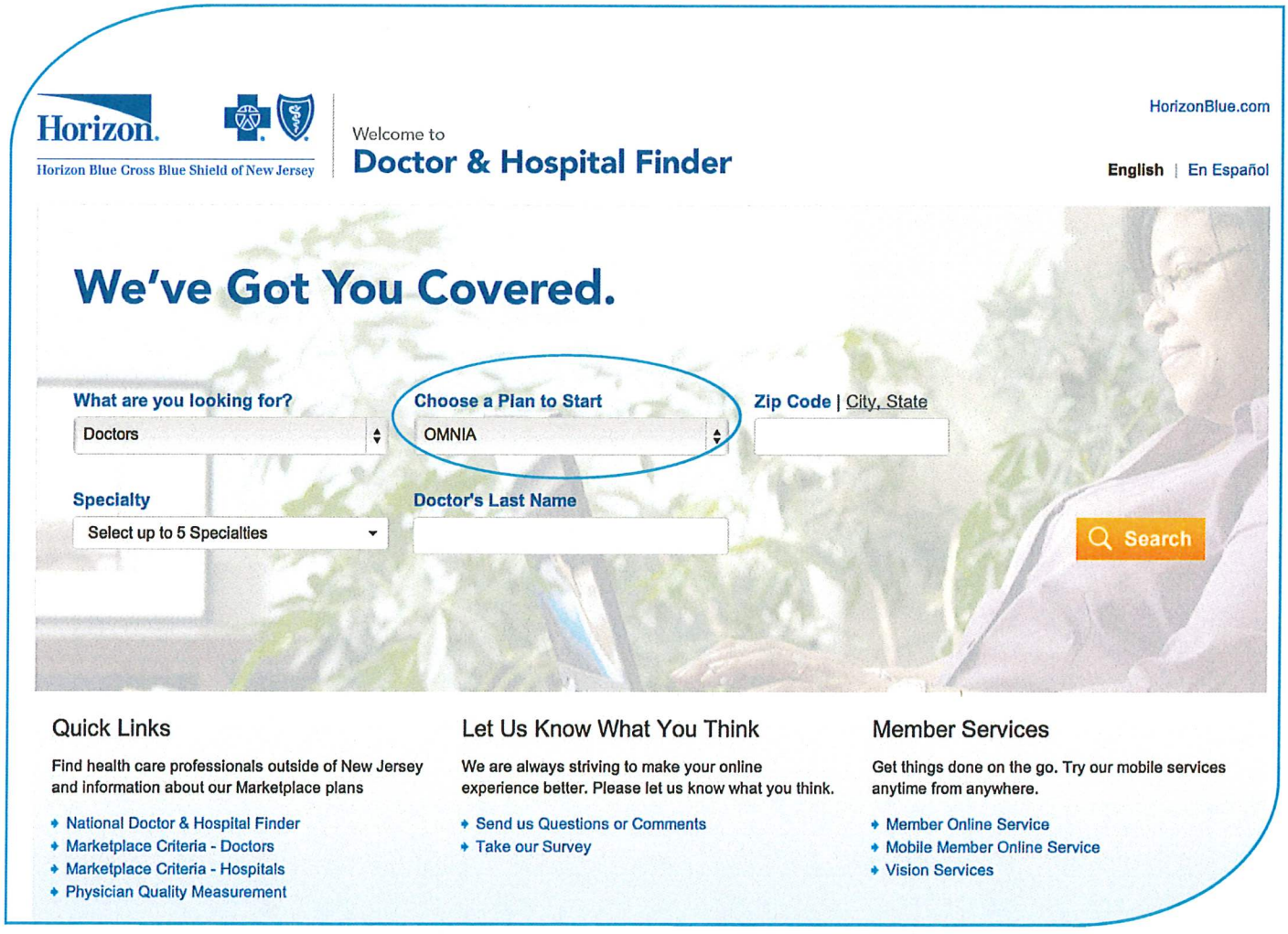
Horizon

Horizon Blue Cross Blue Shield of New Jersey

Get help finding the right care in the right setting

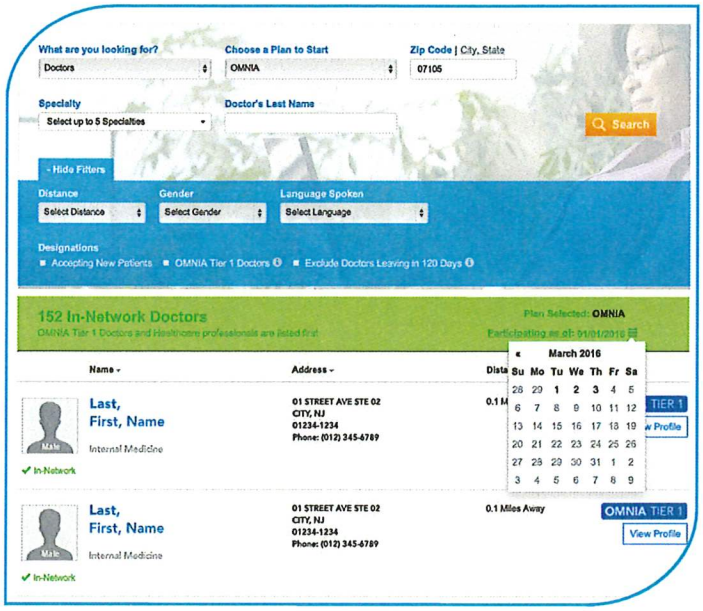
Our *Online Doctor & Hospital Finder* makes it easy to search for doctors, hospitals, specialists or other health care professionals who participate with your plan. Simply visit **HorizonBlue.com/doctorfinder** and:

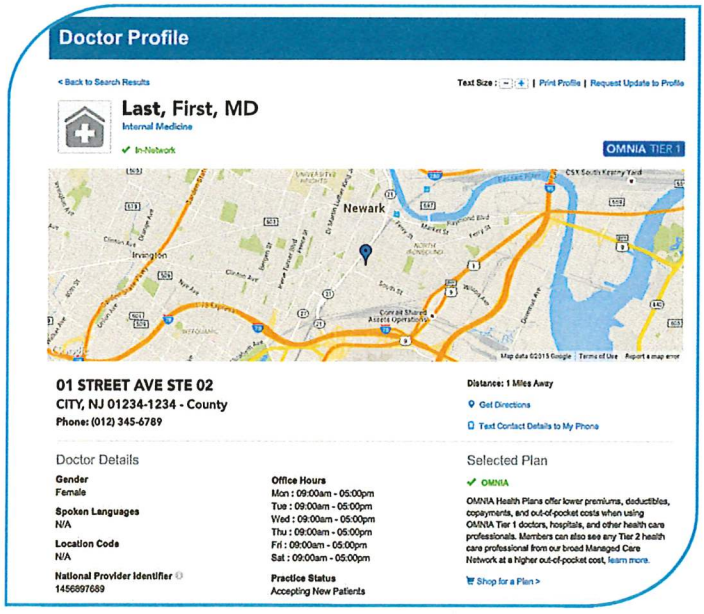
- Select the type of health care professional you are looking for.
- Next, select your plan from the *Choose a Plan to Start* dropdown menu. You can filter by specialty and/or ZIP code to narrow your search.



(Continues)

The results page will show doctors, hospitals or other health care professionals who accept the plan you chose and meet the criteria you set. You can find out who is joining and leaving the plan. You can even select a future date to view participation status on that date.





Click ***View Profile*** to view more information about a doctor, hospital or other health care professional. The profile includes group affiliation, information on the plan selected, specialty, hospital affiliation and more. You can even have the name, address and phone number texted straight to your mobile or smartphone device.*

All the features of our *Online Doctor & Hospital Finder* are also available on your smartphone. Access the **Horizon Blue app** or our mobile website for easy, on-the-go access. The Horizon Blue app can be downloaded from the App Store℠ or Google Play™.



Our *Online Doctor & Hospital Finder* makes searching for in-network doctors, hospitals and other health care professionals easy and informative.

*Text messaging rates and data charges from your mobile carrier may apply.

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HorizonBlue.com/doctorfinder

Horizon

Horizon Blue Cross Blue Shield of New Jersey



Go Mobile

It's easy to connect to Horizon Blue Cross Blue Shield of New Jersey when you are on the go. Just download[1] the Horizon Blue App to your Android™ or Apple® device, and you can:

Search for an in-network doctor, other health care professional, hospital or facility.

- Get directions to the office.
- View detailed information for a doctor or other health care professional.

View your claims information.

- View copayment, coinsurance and deductible for a specific claim.
- Search for claims within a date range.

Check authorizations and referrals, if required for your plan.

Get a virtual member ID card.

Notify us of other insurance you may have so we can coordinate benefits.

Learn about your benefits.

- See product and coverage information.
- View benefits information, such as copayment, coinsurance and deductible.

Manage your account.

- Modify your profile.
- Change your Primary Care Physician (PCP), if one is required by your plan.
- Opt in or opt out for paperless Explanation of Benefits (EOB), emails or text alerts.

Contact us.

- Email us your questions.
- Get a list of toll-free numbers to call for more information.

Need the Horizon Blue App?

Scan this with your Android™ Device.

Scan this with your iPhone®.

1 There is no charge from Horizon BCBSNJ to download the Horizon Blue App, but rates from your wireless provider may apply.

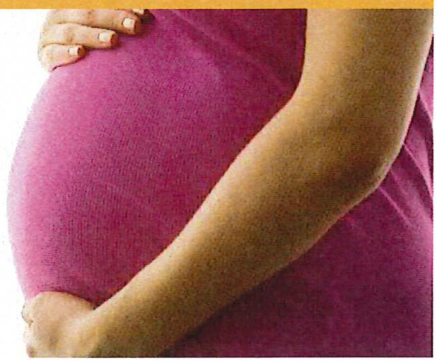
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Horizon Blue Cross Blue Shield of New Jersey

Horizon Wellness



Oh, baby! Horizon BCBSNJ can help moms-to-be prepare.

If you're expecting, you can also expect Horizon Blue Cross Blue Shield of New Jersey to support you along the way. Our PRECIOUS ADDITIONS® program, part of Horizon Wellness, has a full spectrum of services designed to answer your questions, help you prepare–and even save you money. What's more, PRECIOUS ADDITIONS® is voluntary—and free of charge!

Eligible members may enroll in PRECIOUS ADDITIONS® at any point in their pregnancy at **HorizonBlue.com/PreciousAdditions** or by calling Member Services at the toll-free number on the back of their member ID card. Following enrollment, members will receive information on topics such as:

- Prenatal class reimbursement *(up to $50)*
- Breast pump coverage
- Text4Baby (a free health text messaging service provided by the National Healthy Mothers, Healthy Babies Coalition)
- Specialized case management services (phone support for those with high-risk pregnancies)
- Breastfeeding
- Postpartum depression
- Our Blue365® discount program

In addition, most expectant mothers have specific questions about their pregnancy and delivery. The Maternity Health Coach program and 24/7 Nurse Line can provide assistance and support when you have health questions.

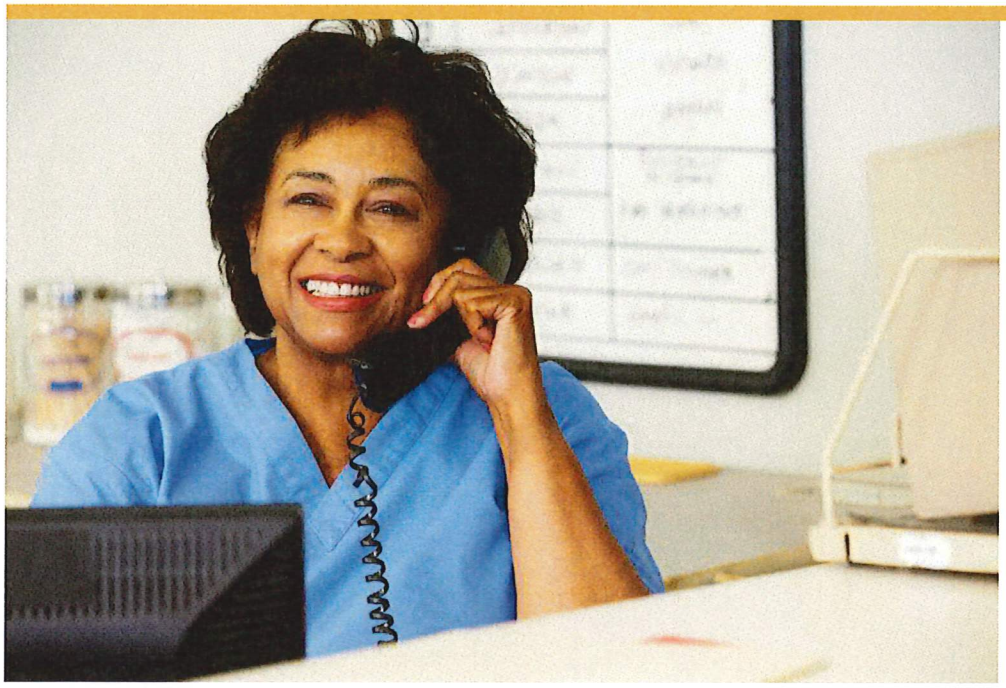
Maternity Health Coach

With the Maternity Health Coach program, mothers-to-be can speak with registered nurses to receive one-on-one educational support. The coaches can discuss:

- General pregnancy questions, such as travel and preparation for labor
- Healthy nutrition and exercise during and after pregnancy
- Physical and emotional changes
- Gestational diabetes
- High-risk pregnancy
- Breastfeeding
- Postpartum health

To reach a Maternity Health Coach, call **1-888-624-3096**, option **3**.

(Continues)



24/7 Nurse Line

Eligible members also have access to our broader 24/7 Nurse Line. Health information resources are available by both phone and by online chat 24 hours a day, seven days a week. They can address all types of health questions, so expectant and new mothers can get answers to their questions at any time—even in the middle of the night.

To reach our 24/7 Nurse Line, call **1-888-624-3096**, option **1**.

Learn more about our PRECIOUS ADDITIONS® program at **HorizonBlue.com/PreciousAdditions**.

PRECIOUS ADDITIONS®, Maternity Health Coach and 24/7 Nurse Line are for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment. They are not a substitute for your doctor's care. Services are not an insurance program and may be discontinued at any time. In the event of an emergency, please go to the nearest hospital or doctor, or call **911** or your local emergency services number. Always speak with your doctor before starting an exercise program or diet.

Not all programs are available to all Horizon BCBSNJ members.

Please check with your benefits administrator to determine if you are eligible for these programs.

Text messaging rates from your carrier may apply for Text4Baby.

Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. While Blue365® replaces Horizon Blue Cross Blue Shield of New Jersey's previous wellness discounts program, the majority of the discounted products and services that were previously available to members under that program are still available through Blue365®. To find out what is available to you through Blue365®, visit Blue365deals.com/HorizonBCBS or call 1-800-355-BLUE (2583). The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365® vendors. Neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365® vendor or discounted item or service.

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Looking for more wellness information?
Visit **HorizonBlue.com/HorizonWellness**

Horizon

Horizon Blue Cross Blue Shield of New Jersey

Blue365®
Because health is a big deal℠

Horizon Wellness

Healthy Discounts

Blue365®—Because health is a big deal.℠

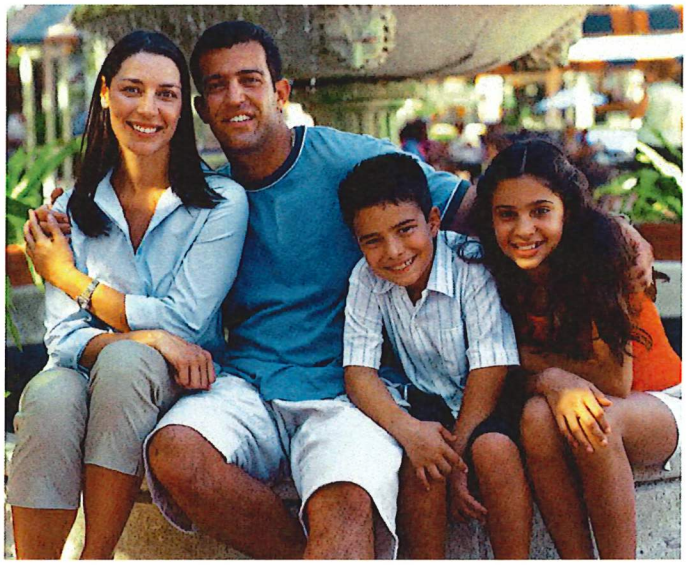
You know what it takes to keep your mind and body happy—so let our Blue365® discount program help you save money on those things. We have exclusive deals open only to Blue members. It's just another way you can benefit from being a Horizon Blue Cross Blue Shield of New Jersey member.

How it works:

Each week, you can receive great deals and discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more—all delivered straight to your inbox.

Some deals will give you a coupon code instantly on the Blue365® site. That code can be applied to a purchase made through that vendor's website. Other deals may take you directly to the retailer's website to make a discounted purchase.

To see our current offerings, search the **Blue365deals.com/HorizonBCBS** by keyword or deal category.



Deal categories

- **Financial Health:** Save on cell phone service plans, home mortgages and more.
- **Fitness:** Get deals on memberships, special events and apparel.
- **Healthy Eating:** Browse discounts on weight-management programs and specialty food services.
- **Lifestyle:** Discover discounts on hotels, retailers and more.
- **Personal Care:** Check out products and services that can keep your body looking and feeling good.
- **Wellness:** Take advantage of services designed to help you live a healthier life.

Ready to start saving? Sign up at **Blue365deals.com/HorizonBCBS** today.

***Discount availability is subject to change at any time, and certain offers may include expiration dates.**

The Blue365® program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies.

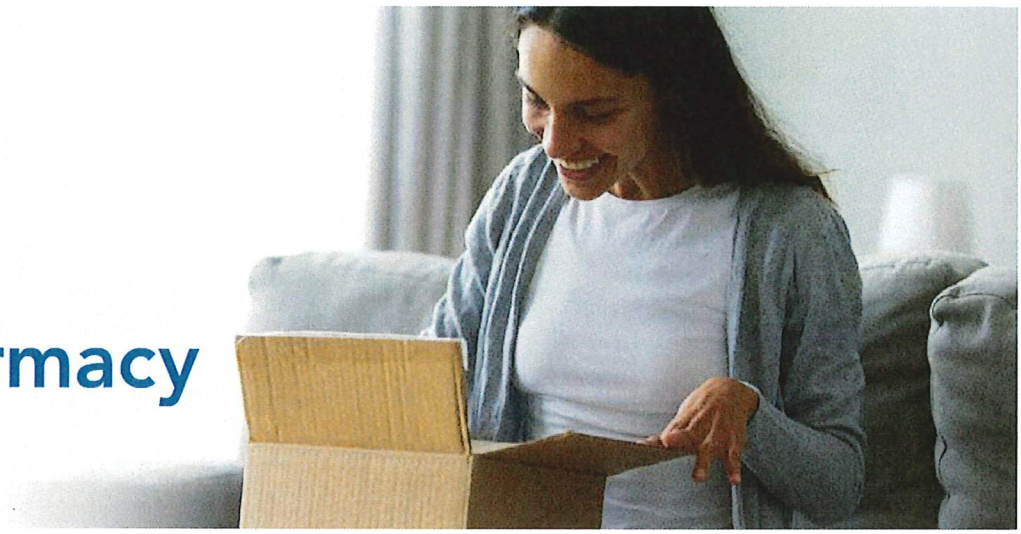
Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. Blue365® is a discount program, not a covered benefit, and the program may be terminated or changed without notice. The Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365® vendors. Neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365® vendor or discounted item or service.

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Looking for more wellness information?
Visit **HorizonBlue.com/HorizonWellness**

Horizon

Introducing Amazon Pharmacy



A New Prescription Home Delivery Option

You and your covered dependents now have a new prescription home delivery option: Amazon Pharmacy. Amazon Pharmacy is fully accredited and can fill most brand name and generic medicines.[1]

Amazon Pharmacy offers:

- Easy online sign-up
- An Amazon shopping experience with free shipping
- 24/7/365 access to a pharmacist
- Clear pricing to help you save time and money
- The ability to import your medication history, and manage your orders

When you shop Amazon Pharmacy, you will also have access to the MedsYourWay™[2] discount card pricing, administered by Inside Rx. You will see the lowest available price – either your member copay, or the MedsYourWay discount price.[3]

Sign Up for Amazon Pharmacy Today!

Set up your Amazon Pharmacy account at amazon.com/horizonblue and choose *Get Started.* You'll need your member ID, RxBIN and RxPCN numbers, which are listed on your member ID card.

To fill a current prescription through Amazon Pharmacy, select the medicines you would like to fill.[1] Amazon Pharmacy will contact your prescriber for a prescription, and let you know when your order is ready for check out and delivery. Amazon Pharmacy offers two-day shipping for Amazon Prime members; five-day shipping without Amazon Prime (standard).

For new prescriptions[1] let your doctor know to send them to Amazon Pharmacy by:

E-SCRIBE: Amazon Pharmacy 001
FAX: **1-512-884-5981**
PHONE: **1-855-206-3605**, then press **1**
MAIL: **4500 S Pleasant Valley Rd, Suite 201**
Austin, TX 78744

Have questions or need help? Please call Amazon Pharmacy Customer Care at **1-855-549-1760**. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

HorizonBlue.com

[1] Amazon Pharmacy does not dispense Schedule II controlled substance drugs.
[2] MedsYourWay drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of the prescription(s) when using the card. Limitations apply.
[3] Purchases of eligible and covered medicines automatically count toward your out-of-pocket maximum whether you choose your insurance or MedsYourWay pricing.

Amazon Pharmacy is contracted by Horizon Blue Cross Blue Shield of New Jersey to provide pharmacy home delivery services to Horizon Blue Cross Blue Shield of New Jersey members. Amazon Pharmacy and Inside Rx LLC are independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

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 **1-855-477-AZUL (2985)** (TTY **711**). Chinese (中文): 如需中文協助, 請致電 **1-800-355-BLUE (2583)** (TTY **711**).

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Visit Our Website

Visit www.DeltaDentalNJ.com

Or Download Our Mobile App

Access Features & Tools to Keep You Smiling

- Find a Dentist
- Schedule an Appointment
- Visit DentalCentral
- Take Oral Health Assessment
- View Oral Health Videos
- grin! Read grin! Magazine

REGISTER TODAY!



Convenience When it Counts

From your computer or mobile device access:

- Benefits & Eligibility
- Claims & Claim Forms
- Explanation of Benefits
- View & Print ID Card
- Use Our Cost Estimator Tool

(800) 452-9310 www.DeltaDentalNJ.com

DELTA DENTAL®

How to Find a Network Dentist



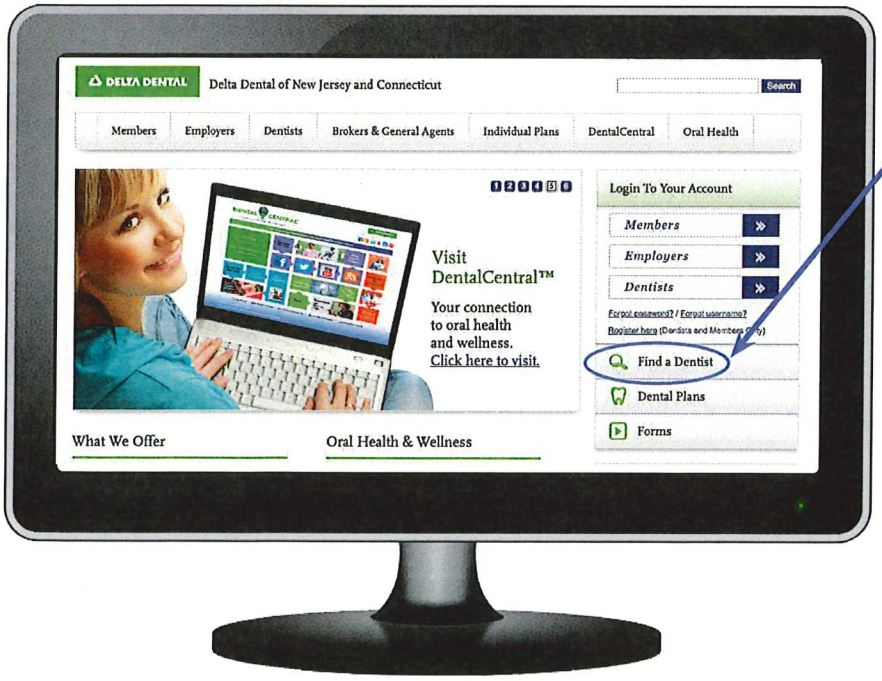
There are two easy ways to find a dentist in your area:

- From your smart phone using the Delta Dental mobile app
- From your computer at DeltaDentalNJ.com

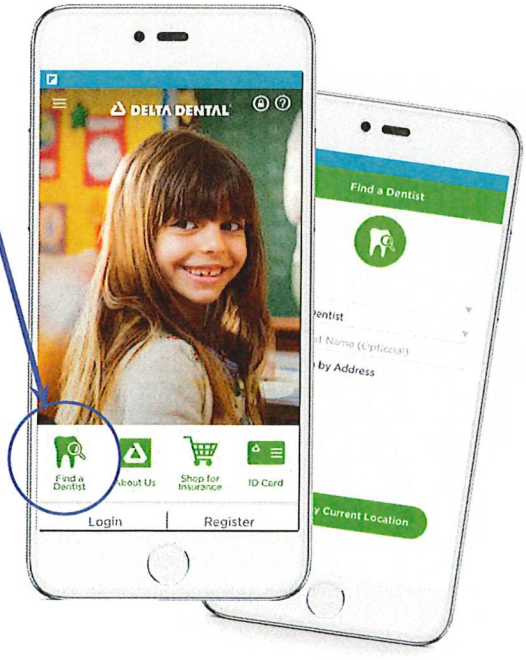
Follow these 5-Easy Steps:

1. **Click on** "Find a Dentist"

Computer: DeltaDentalNJ.com



Mobile App / Delta Dental



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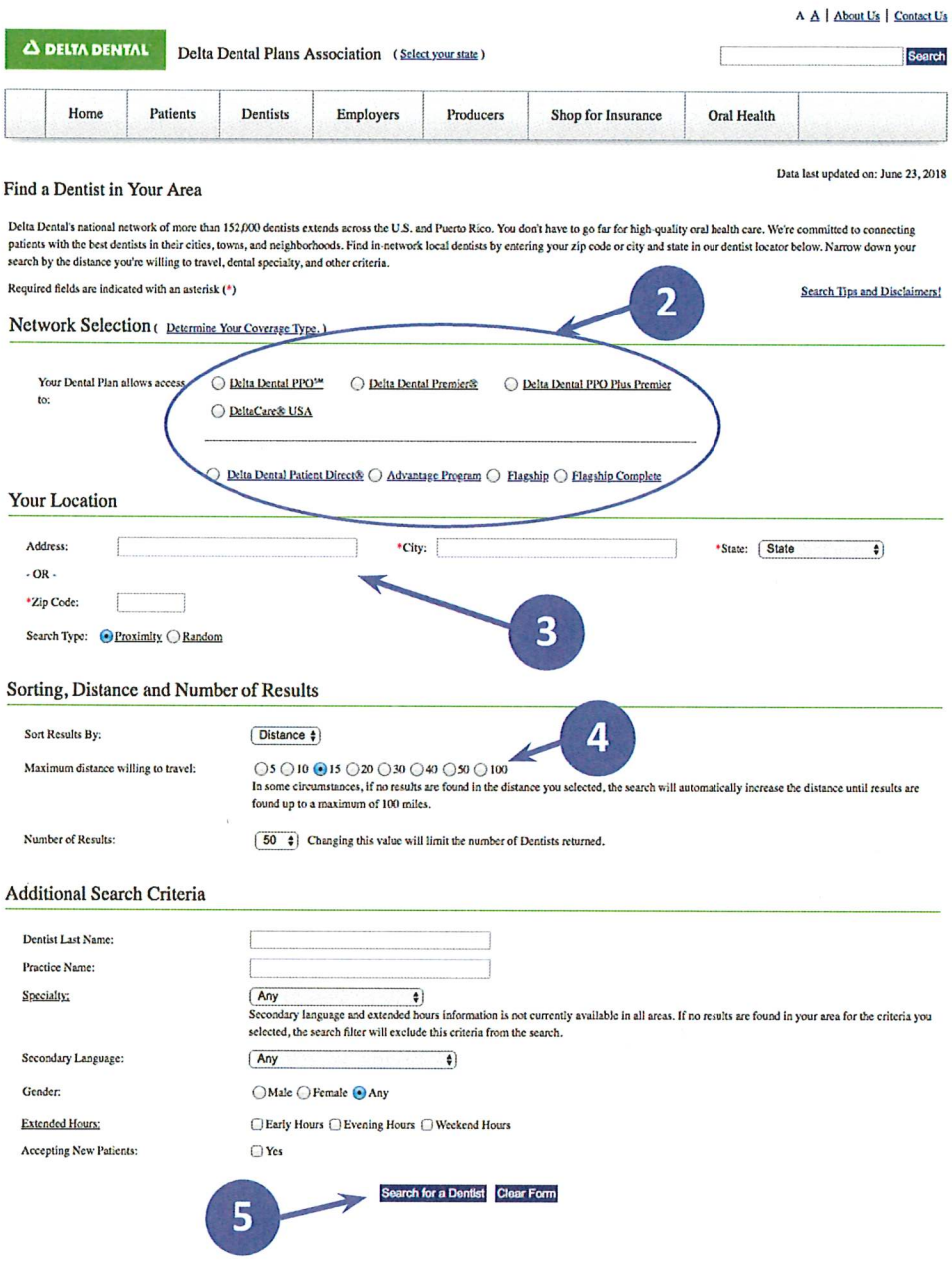
Follow these 5-Easy Steps: *continued*

2. **Select** a Network

3. **Enter** your
   City & State or Zip Code

4. **Select** the distance you
   are willing to travel

5. **Click**
   "Search for a Dentist"





Questions about the networks or a dentist's participation?

Call the Delta Dental Customer Service Department at **800-452-9310**

or call **800-DELTAOK** to have a listing sent to you.

DELTA DENTAL®

EXPERIENCE MORE: EVERYDAY ACCESS

HOW TO: see an easy road ahead

USING YOUR EYEMED BENEFITS

It's official – you received your EyeMed Welcome Kit. Time to get the eyewear you love! But how does it work? Even if you're a vision benefits rookie, the process is a snap. Tailor-made for paperwork-phobes and freedom fans.

1. KNOW THE BENEFITS

Your Welcome Packet spells out all the great stuff that's covered. All the savings opportunities. All the choices you have. It's a pretty fun read.

2. CHOOSE A DOC

You're probably surrounded by in-network doctors. Thousands of independent providers, popular stores (LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical®, JCPenney Optical®) and online options (ContactsDirect.com and Glasses.com). Find your ideal fit on eyemed.com or the EyeMed member app.

3. SET A DATE

Just call your eye doctor for an appointment. Even better, some let you schedule online with our Provider Locator. If you need weekend or evening hours, you'll find plenty of those, too.

4. COME ON IN

As an EyeMed member, it's easy to get your eye exam and get on with your day. No claim to file. No hassles. We take it from here.

5. FIND YOUR PERFECTION

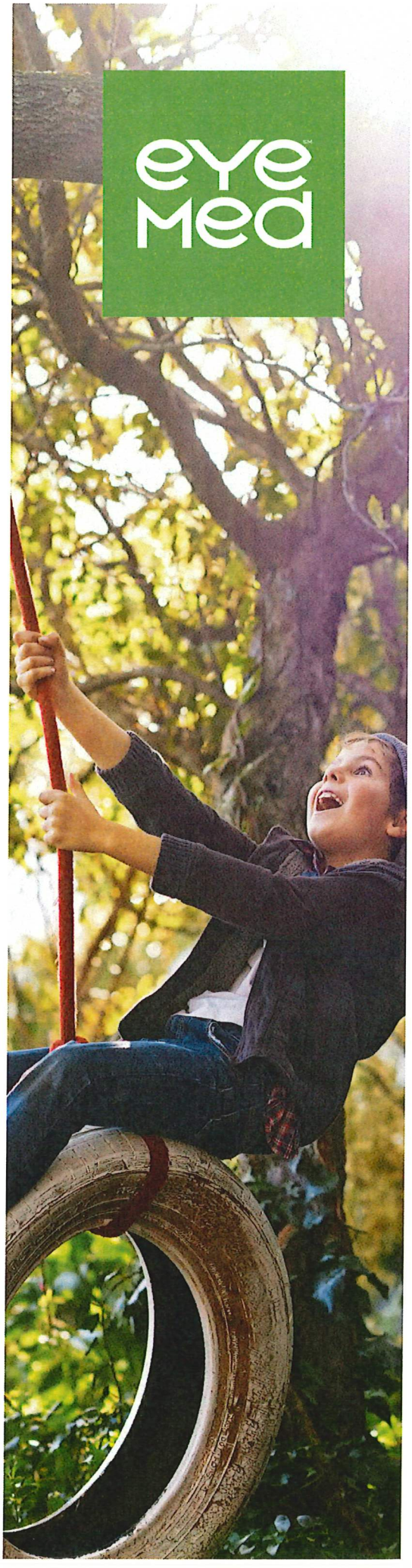
Have fun picking out your favorite frames or contacts. Browse loads of designer brands; you decide which price point works best for you. With EyeMed, there's more in the store to adore.

SEE THE GOOD STUFF

Register on EYEMED.COM or grab the member app (iTunes or Android) now.

eyemed | INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL sears JCPenney | optical

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EXPERIENCE MORE: ONLINE ACCESS

HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number.* (You'll get an email asking to confirm your account.)
4. Finish setting up your new account with your email address and a password. (To keep it secure, we list some password "musts.")
5. Come back anytime to change your password, email address and billing preferences. (It's all under Manage Profiles.)

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers

SEE THE GOOD STUFF

Register on EYEMED.COM or grab the member app (iTunes or Android) now.

Depends on how your benefit administrator entered you into the system.
*** Most, but not all, network providers offer this.*

eyeMed | INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL sears optical JCPenney | optical

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