

2023
OVERVIEW

Individual and Family
Insurance Coverage



[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

[Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)

At Horizon, we're guiding members to achieve their best health.

With 90 years of helping members get the most out of their health care coverage, Horizon is a leader in providing access to quality health care plans. Plus, we provide tools and support that make navigating health care easier. These are just a few of the reasons Horizon has the most members in New Jersey and is ranked #1 in member satisfaction among commercial health plans in New Jersey by J.D. Power.^[1,2]



Our experts help connect you to the care you need and can let you know if you qualify for financial assistance.



Access to
more than
60,000 local
providers and
95 hospitals^[3]



Affordable plans
with choices that
meet your needs



Innovative extras
like education
resources and
healthy living
discounts

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

» **Why Horizon**

Health Plan Benefits

Medical Plans

- [OMNIASM Health Plans](#)
- [Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

- [Personal Accident Insurance](#)
- [International Medical Coverage](#)
- [Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

1. Claim is based on NAIC's 2021 Market Share Report.
 2. Horizon received the highest score in New Jersey in the J.D. Power 2020-2022 U.S. Commercial Member Health Plan Satisfaction Studies of customers' satisfaction with their commercial health plan. Visit [jdpower.com/awards](https://www.jdpower.com/awards).
 3. Physician data as of 6/30/2022

Connect to virtual care and support anytime, from anywhere.



You can talk to a nurse for free with our Nurse Chat feature – or connect with a U.S. board-certified licensed doctor via video or chat.^[1] Simply visit HorizonBlue.com or download the [Horizon Blue app](#) to get started.

We're putting 24/7 care and support at your fingertips:

- Chat with a nurse about symptoms
- Video chat with doctors
- Get help with appointment scheduling
- Get quick claim status updates
- View and print member ID Cards
- Locate in-network doctors
- Set up auto bill pay

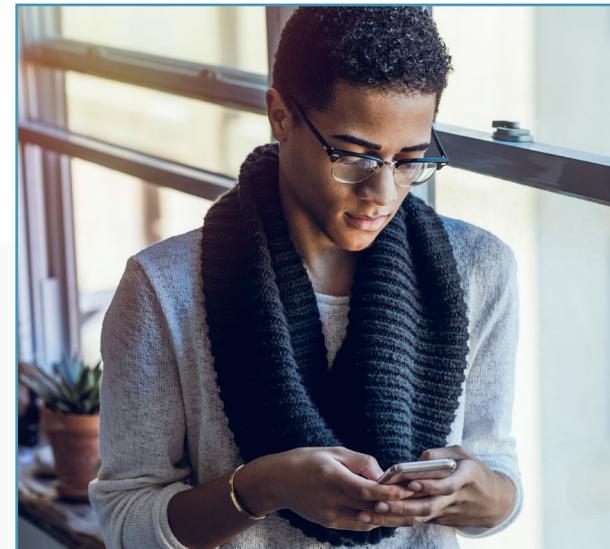
Text **GetApp** to **422-272** for your free Horizon Blue download.*



Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at 1-888-777-5075 weekdays from 7 a.m. to 6 p.m. Eastern Time.

1. Some state and plan restrictions may apply.

*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



We've got tools that make getting care more convenient.

Why Horizon

» Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

We can help you achieve your best health.



Well Care and Preventative Care

Services such as an annual physical and gynecological exam, well-baby/child medical care and immunizations are covered when using an in-network doctor.

Wellness Includes:

- [My Health Manager](#) powered by WebMD® (Members may be eligible to earn a \$50 prepaid eCard)
- Healthy Living Discounts with [Blue365](#)®
- Online health education
- [PRECIOUS ADDITIONS](#)® program for parents-to-be
- [HorizonbFit](#)SM gym reimbursement*

*Included with OMNIA Health Plans



Behavioral Health & Substance Use Disorder

Care for behavioral health conditions or alcohol/substance use disorder is offered through our extensive network of participating health care professionals who provide a full range of counseling services.



Doula Services

With doula services, trained professionals called doulas provide ongoing physical, emotional and informational support before, during and after childbirth.



Case Management

Our Care Managers help manage complex health care situations by simplifying navigation, coordinating care and providing a better understanding of policies and procedures.



Chronic Care Programs

These programs can help you take control of your health by providing support to manage the day-to-day challenges of living with chronic conditions such as asthma or diabetes.



Prescription Drug Coverage

Prescription drug coverage is an integrated part of our health plans, helping you recover from an illness, manage a condition and stay in good health.



Amazon Pharmacy

Through Amazon Pharmacy, you can get a 90-day supply of your prescriptions delivered right to your door for just the cost of your mail order copay.



Away From Home Care

This program is available to members who have Horizon EPO and OMNIA Health Plans – including students living away from home, long-term travelers and families living apart.*

*These members are not eligible if they are enrolled in a BlueCard® and/or HSA compatible plan. This program gives eligible members access to participating doctors, facilities and other health care professionals throughout the country.

Why Horizon

» [Health Plan Benefits](#)

[Medical Plans](#)

- [OMNIASM Health Plans](#)
- [Advantage EPO Health Plans](#)

[Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

- [Personal Accident Insurance](#)
- [International Medical Coverage](#)
- [Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)

Even if you didn't previously qualify for assistance, you may qualify now.

Federal and New Jersey subsidies

The federal government offers an Advance Premium Tax Credit (APTC) to eligible consumers to reduce their monthly health insurance premiums when they purchase coverage through Get Covered New Jersey. The APTC was expanded in 2021 by the American Rescue Plan Act (ARPA) to provide more assistance to more people, and that increased assistance has been extended through 2025 by the Inflation Reduction Act. ARPA caps the monthly premiums of benchmark plans for eligible individuals and families at no more than 8.5% of income. Depending on income, the entire cost of the monthly premium could be covered.

The State of New Jersey provides additional financial help to reduce monthly health insurance premiums through a state subsidy called New Jersey Health Plan Savings (NJHPS). This program provides additional help for every eligible person enrolled through Get Covered New Jersey.

Who qualifies?

If you're not eligible for affordable health insurance coverage through an employer, Medicare, Medicaid, or another government program, you're likely eligible for coverage through Get Covered New Jersey. The level of APTC assistance is based on many factors, including your income, family size, age and the plans available in your area.

You may be eligible for NJHPS if your annual household income is less than \$81,540 for an individual or \$166,500 for a family of four.



Learn more

To see how much financial assistance you may be eligible for through NJHPS and APTC, get an estimated quote at HorizonBlue.com/calculator.



Last year, **9 out of 10** residents who enrolled in a NJ Marketplace plan were eligible for financial help.*

*Unlike federal APTC, NJHPS is not a tax credit and consumers do not have to reconcile the new NJHPS on their taxes. Source: Get Covered New Jersey and the NJDOBI (9/21)

Why Horizon

» Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

Horizon OMNIA_{SM} Health Plans

2023 BENEFITS	OMNIA Bronze		OMNIA Silver Value		OMNIA Silver HSA ⁽¹⁾	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
GENERAL PROVISIONS						
Out-of-Network Coverage	No	No	No	No	No	No
Individual Deductible	\$3,000	\$3,000	\$2,000	\$2,500	\$2,000*	\$2,500*
Family Deductible	\$6,000	\$6,000	\$4,000	\$5,000	\$4,000	\$5,000
Individual Maximum Out-of-Pocket	\$9,100	\$9,100	\$9,100	\$9,100	\$6,900	\$6,900
Family Maximum Out-of-Pocket	\$18,200	\$18,200	\$18,200	\$18,200	\$13,800	\$13,800
HEALTH CARE SERVICES						
PCP Office Visits & Consultations	Ded then \$50 copay	Ded then 50% coin	\$30 copay	Ded then 50% coin	Ded then \$15 copay	Ded then \$30 copay
Specialist Visits & Consultations	Ded then \$75 copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then \$30 copay	Ded then \$50 copay
Virtual PCP/Specialist Visit	Ded then \$15 copay	Ded then 50% coin	\$15 copay	Ded then 50% coin	Ded then \$5 copay	Ded then \$15 copay
DIAGNOSTIC TESTING AND IMAGING						
Lab/Radiology Freestanding	No charge	No charge	No charge	No charge	Ded	Ded
Lab Office Visit	No charge	No charge	No charge	No charge	Ded	Ded
Radiology Office Visit	Ded then \$50 PCP copay or ded then \$75 specialist copay	Ded then 50% coin	\$30 PCP copay or ded then 40% specialist coin	Ded then 50% coin	Ded then \$15 PCP copay or ded then \$30 specialist copay	Ded then \$30 PCP copay or ded then \$50 specialist copay
Lab/Radiology Outpatient	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then \$25 copay	Ded then 50% coin
PHARMACY SERVICES						
Generic Drugs	\$25 copay (retail) \$50 copay (mail order)	\$25 copay (retail) \$50 copay (mail order)	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin ⁽²⁾	Ded then 50% coin ⁽²⁾
Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin ⁽²⁾	Ded then 50% coin ⁽²⁾
Non-Preferred Brand Drugs & Specialty Drugs	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 40% coin	Ded then 50% coin ⁽²⁾	Ded then 50% coin ⁽²⁾
OUTPATIENT SURGERY SERVICES						
Both Hospital & Physician/Surgeon	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
EMERGENCY/URGENT MEDICAL SERVICES						
ER Hospital	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin	\$100 copay & ded then 40% coin	\$100 copay & ded then 40% coin	Ded then \$100 copay & 40% coin	Ded then \$100 copay & 40% coin
ER Professional	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin
Medical Transportation	Ded then no charge	Ded then no charge	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin	Ded then 40% coin
Urgent Care Center	Ded then \$75 copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then \$60 copay	Ded then \$75 copay
HOSPITAL SERVICES						
Outpatient Hospital & Physician	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Inpatient Hospital	Ded then \$500 per day copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER						
Office	Ded then \$50 copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then \$15 copay	Ded then \$30 copay
Outpatient	Ded then 50% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
Inpatient	Ded then \$500 per day copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin
MATERNITY SERVICES						
Delivery & All Inpatient Services	Ded then \$500 per day copay	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin	Ded then 40% coin	Ded then 50% coin

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

*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.

1. Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.

2. \$150 max per script for a 1-30 day supply

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.



Why Horizon

Health Plan Benefits

Medical Plans

- » [OMNIA_{SM} Health Plans](#)
- [Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

- [Personal Accident Insurance](#)
- [International Medical Coverage](#)
- [Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide



2023 BENEFITS	OMNIA Silver		OMNIA Gold with BlueCard ⁽¹⁾	
	Tier 1	Tier 2	Tier 1	Tier 2
GENERAL PROVISIONS				
Out-of-Network Coverage	No	No	No	No
Individual Deductible	\$1,700	\$2,500	\$950	\$2,500
Family Deductible	\$3,400	\$5,000	\$1,900	\$5,000
Individual Maximum Out-of-Pocket	\$9,100	\$9,100	\$6,000	\$8,000
Family Maximum Out-of-Pocket	\$18,200	\$18,200	\$12,000	\$16,000
HEALTH CARE SERVICES				
PCP Office Visits & Consultations	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Specialist Visits & Consultations	\$50 copay	Ded then 50% coin	\$25 copay	Ded then \$50 copay
Virtual PCP/Specialist Visit	\$15 copay	Ded then 50% coin	\$5 copay	Ded then \$15 copay
DIAGNOSTIC TESTING AND IMAGING				
Lab/Radiology Freestanding	No charge	No charge	No charge	No charge
Lab Office Visit	No charge	No charge	No charge	No charge
Radiology Office Visit	\$30 PCP copay or \$50 specialist copay	Ded then 50% coin	\$10 PCP copay or \$25 specialist copay	Ded then \$30 PCP copay or ded then \$50 specialist copay
Lab/Radiology Outpatient	Ded then \$100 copay	Ded then 50% coin	\$20 copay	Ded then 30% coin
PHARMACY SERVICES				
Generic Drugs	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)
Preferred Brand Drugs	Ded then 50% coin	Ded then 50% coin	\$50 copay (retail) \$100 copay (mail order)	\$50 copay (retail) \$100 copay (mail order)
Non-Preferred Brand Drugs & Specialty Drugs	Ded then 50% coin	Ded then 50% coin	\$75 copay (retail) \$150 copay (mail order)	\$75 copay (retail) \$150 copay (mail order)
OUTPATIENT SURGERY SERVICES				
Both Hospital & Physician/Surgeon	Ded then \$250 copay	Ded then 50% coin	Ded then \$250 copay	Ded then 30% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then \$250 copay	Ded then 50% coin	Ded then \$250 copay	Ded then 30% coin
EMERGENCY/URGENT MEDICAL SERVICES				
ER Hospital	\$100 copay & ded	\$100 copay & ded	\$100 copay & ded	\$100 copay & ded
ER Professional	Ded	Ded	Ded	Ded
Medical Transportation	Ded then no charge	Ded then no charge	Ded then no charge	Ded then 30% coin
Urgent Care Center	\$75 copay	Ded then 50% coin	\$50 copay	Ded then \$75 copay
HOSPITAL SERVICES				
Outpatient Hospital & Physician	Ded then \$50 copay	Ded then 50% coin	Ded then \$20 copay	Ded then 30% coin
Inpatient Hospital	Ded then \$500 per day copay	Ded then 50% coin	Ded then \$500 per day copay	Ded then 30% coin
Physician/Surgeon	Ded	Ded then 50% coin	Ded	Ded then 30% coin
BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER				
Office	\$30 copay	Ded then 50% coin	\$10 copay	Ded then \$30 copay
Outpatient	Ded then \$30 copay	Ded then 50% coin	\$10 copay	Ded then 30% coin
Inpatient	Ded then \$500 per day copay	Ded then 50% coin	Ded then \$500 per day copay	Ded then 30% coin
MATERNITY SERVICES				
Delivery & All Inpatient Services	Ded then \$500 per day copay	Ded then 50% coin	Ded then \$500 per day copay	Ded then 30% coin

OMNIA Health Plans

Our OMNIA plans offer significantly lower premiums and no referrals when accessing the Horizon Managed Care Network, one of the largest networks in New Jersey. Plus, members save even more with lower out-of-pocket costs at certain doctors and hospitals.



Why Horizon

Health Plan Benefits

Medical Plans

- » [OMNIA_{SM} Health Plans](#)
- [Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

- [Personal Accident Insurance](#)
- [International Medical Coverage](#)
- [Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.
 1. Away From Home Care Program not available for HSA eligible or BlueCard plans. Out-of-state benefits available through BlueCard.
 This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.



Horizon Advantage EPO Health Plans

2023 BENEFITS	Advantage Essentials ^[1]	Advantage Bronze ^[1]	Advantage Silver ^[1]
GENERAL PROVISIONS			
Out-of-Network Coverage	No	No	No
Individual Deductible	\$9,100	\$3,000	\$2,500
Family Deductible	\$18,200	\$6,000	\$5,000
Individual Maximum Out-of-Pocket	\$9,100	\$9,100	\$9,100
Family Maximum Out-of-Pocket	\$18,200	\$18,200	\$18,200
HEALTH CARE SERVICES			
PCP Office Visits & Consultations	\$0 copay for three visits then ded	Ded then \$30 copay	\$30 copay
Specialist Visits & Consultations	Ded then no charge	Ded then 50% coin	\$60 copay
Virtual PCP/Specialist Visit	Ded then no charge	Ded then \$15 copay	\$15 copay
DIAGNOSTIC TESTING AND IMAGING			
Lab/Radiology Freestanding	No charge	No charge	No charge
Lab Office Visit	No charge	No charge	No charge
Radiology Office Visit	Ded then no charge	Ded then \$30 PCP copay or ded then 50% coin	\$30 PCP copay or \$60 specialist copay
Lab/Radiology Outpatient	Ded then no charge	Ded then 50% coin	Ded then \$100 copay
PHARMACY SERVICES			
Generic Drugs	Ded then no charge	\$25 copay (retail) \$50 copay (mail order)	\$20 copay (retail) \$40 copay (mail order)
Preferred Brand Drugs	Ded then no charge	Ded then 50% coin ^[2]	50% coin ^[3]
Non-Preferred Brand Drugs & Specialty Drugs	Ded then no charge	Ded then 50% coin ^[2]	50% coin ^[3]
OUTPATIENT SURGERY SERVICES			
Both Hospital & Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Both Ambulatory Surgical Hospital & Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 50% coin
EMERGENCY/URGENT MEDICAL SERVICES			
ER Hospital	Ded then no charge	\$100 copay & ded then 50% coin	\$100 copay & ded then 50% coin
ER Professional	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Medical Transportation	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Urgent Care Center	Ded then no charge	Ded then 50% coin	\$75 copay
HOSPITAL SERVICES			
Outpatient Hospital & Physician	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Inpatient Hospital	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Physician/Surgeon	Ded then no charge	Ded then 50% coin	Ded then 50% coin
BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER			
Office	Ded then no charge	Ded then 50% coin	\$30 copay
Outpatient	Ded then no charge	Ded then 50% coin	Ded then 50% coin
Inpatient	Ded then no charge	Ded then 50% coin	Ded then 50% coin
MATERNITY SERVICES			
Delivery & All Inpatient Services	Ded then no charge	Ded then 50% coin	Ded then 50% coin

Advantage EPO Health Plans

With these plans, members have access to all doctors, hospitals and other health care professionals that participate in the Horizon Managed Care Network. Members are not required to select a Primary Care Physician (PCP), but they benefit from lower out-of-pocket costs when care is coordinated through a PCP.



Why Horizon

Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

» [Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

Abbreviations: "ded" refers to deductible, "coin" refers to coinsurance, "copay" refers to copayment.

1. Horizon Advantage Plans - selecting a PCP for each person is not required. However, a specialist copayment will apply if you do not select a PCP or visit your selected PCP.

2. \$250 max per script for a 1-30 day supply.

3. \$150 max per script for a 1-30 day supply.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.





Horizon Dental Plans

We have affordable dental plans for you and your family.

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

Covering a child under age 19?

Horizon Young Grins

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

Horizon also offers these individual and family dental options:

Horizon Family Grins and Horizon Family Grins Plus

The Horizon Family Grins Plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network⁽¹⁾ coverage for members over age 19. Each plan offers coverage for cosmetic orthodontia as well.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

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

Horizon Individual

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

Horizon Centurion

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

1. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.



[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

» [Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)

Dental Plan Guide



2023 Plan Details	Horizon Young Grins		Horizon Family Grins		Horizon Family Grins Plus	
Coverage for	Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN ^[1]	Age 19 and Over OON ^[2]
Affordable Care Act (ACA) Compliant	Yes	Yes	Yes	Yes	Yes	Yes
Benefit Waiting Periods Apply	No	No	No	No	No	No
Participating Office Locations	13,000 in NJ / 376,000 nationwide	13,000 in NJ / 376,000 nationwide	10,000 in NJ, NY, DE and PA	13,000 in NJ / 376,000 nationwide	13,000 in NJ / 376,000 nationwide	n/a
Annual Maximum	None	None	None	None	\$1,500	\$1,500
Deductible	\$25/\$100/\$200 ^[3]	\$25/\$100/\$200 ^[3]	None	\$25/\$100/\$200 ^[3]	\$50/\$150	\$50/\$150
BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR & MEDICALLY NECESSARY ORTHODONTIA)						
Individual	\$375	\$375	n/a	\$375	n/a	n/a
Family	\$750	\$750	n/a	\$750	n/a	n/a
Preventive/Diagnostic (Class I)						
Prophylaxis – Cleaning	3 times/year 100% after deductible	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100%
Sealant	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Fluoride	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Oral Exam	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
X-Rays	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
Basic (Class II) and Major (Class III)						
Restorative						
Amalgam Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Composite Fillings	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Endodontics						
Root Canals	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Periodontics						
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Prosthetics						
Bridges	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible	Discount	50% after deductible	50% after deductible	50% after deductible
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	Discount	80% after deductible	80% after deductible	80% after deductible
Orthodontics						
Orthodontic Medical Necessity	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered
Cosmetic Orthodontia	Covered 50%	Covered 50%	Not covered	Covered 50%	Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$2,000	\$2,000	Not covered	\$2,000	Not covered	Not covered

1. In-network. 2. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.
3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.



[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

» [Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)

Dental Plan Guide



2023 Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
Affordable Care Act (ACA) Compliant	No		No		No	No
Benefit Waiting Periods Apply	Yes ⁽¹⁾		Yes ⁽¹⁾		No	No
Participating Office Locations	8,000 in NJ / 329,000 nationwide		13,000 in NJ / 376,000 nationwide		10,000 in NJ, NY, DE and PA	2,000 in NJ
Annual Maximum	\$1,000		\$1,000		None	None
Deductible	\$50/\$150		\$50/\$150			
Preventive/Diagnostic (Class I)	Option 1	Option 2	Option 1	Option 2		
Prophylaxis – Cleaning	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months Discount	1 every 6 months 100%
Sealant	100%	80%	100%	80%	Discount	100%
Fluoride	100%	80%	100%	80%	Discount	100%
Oral Exam	100%	80%	100%	80%	Discount	100%
X-Rays	100%	80%	100%	80%	Discount	100%
Basic (Class II) and Major (Class III)						
Restorative						
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount	100%
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount	100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Discount	30%/40%/50% ⁽²⁾
Endodontics						
Root Canals	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Periodontal Maintenance	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Prosthetics						
Bridges	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Dentures	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount	30%/40%/50% ⁽²⁾
Orthodontics						
Orthodontic Medical Necessity	Not covered		Not covered		Not covered	Not covered
Cosmetic Orthodontia	Covered at 50% for those under age 19		Covered at 50% for those under age 19		Not covered	Not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		Not covered	Not covered

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.
 2. For the first three years. The percentage the plan pays goes up each year you stay with the same primary care dentist.

[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

» [Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)



Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$26.96	0-14	\$26.96
15	\$28.31	15	\$28.31
16	\$28.60	16	\$28.60
17	\$27.66	17	\$27.66
18	\$25.45	18	\$25.45
19-22	\$34.83	19+	\$9.70
23-24	\$31.57		
25-29	\$39.35		
30-34	\$41.31		
35-39	\$42.15		
40-44	\$44.27		
45-49	\$47.38		
50-54	\$53.76		
55-59	\$58.04		
60-63	\$64.06		
64+	\$65.93		

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

It's easy to enroll:

Contact your broker for more information.

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$23.43	\$18.73	\$19.22	\$15.82
23-24	\$22.71	\$18.14	\$18.62	\$15.33
25-29	\$25.80	\$20.61	\$21.15	\$17.40
30-34	\$26.19	\$20.90	\$21.45	\$17.66
35-39	\$27.36	\$21.85	\$22.43	\$18.47
40-44	\$29.73	\$23.76	\$24.39	\$20.07
45-49	\$32.95	\$26.32	\$27.02	\$22.23
50-54	\$35.54	\$28.39	\$29.15	\$23.99
55-59	\$36.99	\$29.56	\$30.34	\$24.97
60-64	\$38.64	\$30.87	\$31.69	\$26.07
65+	\$38.19	\$30.51	\$31.32	\$25.79

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$28.40	\$22.30	\$22.88	\$18.85
23-24	\$27.53	\$21.60	\$22.17	\$18.24
25-29	\$31.27	\$24.53	\$25.17	\$20.71
30-34	\$31.72	\$24.88	\$25.55	\$21.03
35-39	\$33.13	\$26.00	\$26.70	\$21.98
40-44	\$36.05	\$28.31	\$29.03	\$23.92
45-49	\$39.92	\$31.35	\$32.17	\$26.47
50-54	\$43.09	\$33.81	\$34.71	\$28.56
55-59	\$44.85	\$35.21	\$36.12	\$29.73
60-64	\$46.83	\$36.76	\$37.71	\$31.05
65+	\$46.29	\$36.35	\$37.26	\$30.69

Horizon Centurion		Horizon Individual	
1 Individual	\$60 per year	Adult Rate	\$191.88 per year
1 Family	\$84 per year	Child Rate	\$72.92 per year

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

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



[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

» [Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

[Enrollment Made Easy](#)

[Quick Resource Guide](#)





Horizon Vision Plans

We can help you pay less for vision care nationwide.

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

About our Vision Plans

Vision Benefits

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

Locations

Horizon Vision plans are administered through Davis Vision, with over 111,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting HorizonBlue.com/doctorfinder and clicking "Horizon Vision" in the Quick Links box.

Horizon offers these Vision Plans:

Horizon Vista Plan V: \$

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

Horizon Panorama Plan V: \$\$

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



Why Horizon

Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

» Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide



Vision Plan Guide & Rates

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

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

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

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



Why Horizon

Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

» Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

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



Additional Coverage

Expand your coverage and consolidate expenses with these additional options.



Personal Accident Insurance

LifeSecure Insurance Company's Personal Accident Insurance provides benefits to help with medical costs if you suffer an accidental injury. By pairing it with your Horizon medical plan, you can protect your hard-earned wages and savings so you can focus on healing instead of worrying about unexpected financial setbacks resulting from an injury.

Call a Horizon Representative at **1-800-224-1234** to learn more.



International Medical Coverage

With international medical coverage, Horizon can give you peace of mind about getting care if you need it while outside the United States. Through our collaboration with GeoBlue®, a leader and innovator in international health coverage, you have access to doctors and hospitals around the world with plans designed for a single trip, frequent traveling or long term/Expat.

Learn more at [GeoBlueTravelInsurance.com/horizontravel](https://www.geoblue.com/travel/horizontravel).



Pet Insurance*

Horizon members have access to discounted pet insurance plans from ASPCA, an advocate for animal welfare and a leader in the pet insurance industry. Members receive a 10% discount on coverage so they can give their pets the best care possible without worrying about overwhelming medical bills.

Learn more at [ASPCAPetInsurance.com/horizonbcbsnj](https://www.aspcapetinsurance.com/horizonbcbsnj).

*Pet Insurance is not a Horizon product. Horizon members enjoy a discount. Pre-existing conditions are not covered. Coverage for prescription food does not include prevention or general health maintenance (including weight loss). Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [aspcapetinsurance.com/terms](https://www.aspcapetinsurance.com/terms). Customers enrolled on product Levels 1-4 should visit the Member Center for their policy benefits. Products, rates and discounts may vary and are subject to change.

Why Horizon

Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

- » [Personal Accident Insurance](#)
- » [International Medical Coverage](#)
- » [Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide

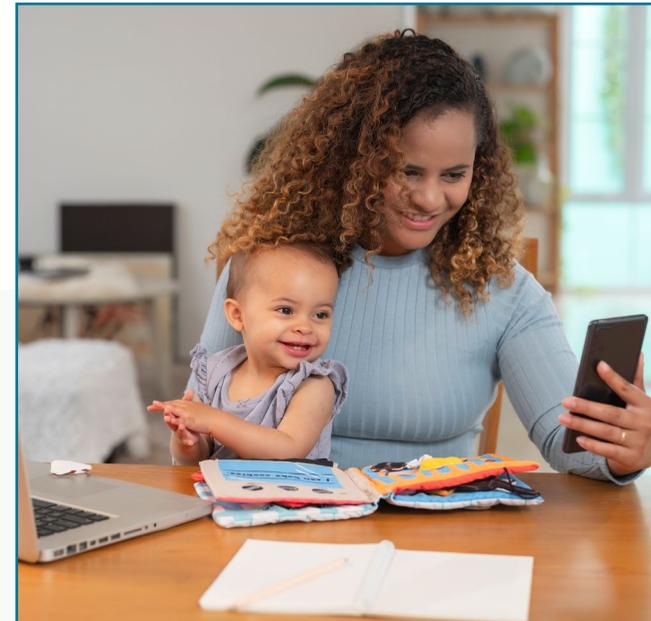
We're here to help you.

Whether you have questions or want to enroll immediately, our plan experts are ready to help.

Our plan experts can answer your questions about:

- Whether you qualify for federal tax credits or New Jersey's subsidy program
- Finding the right coverage for less
- New Horizon benefits and services

Contact your broker for more information.



For your convenience, meet with us in person or virtually.

[Why Horizon](#)

[Health Plan Benefits](#)

[Medical Plans](#)

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

[Dental Plans](#)

[Vision Plans](#)

[Additional Coverage](#)

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

» [Enrollment Made Easy](#)

[Quick Resource Guide](#)

Quick Resource Guide

Connect to care, benefits and support anytime.



Find Care Easily:

Away From Home Care: [HorizonBlue.com/awayfromhome](https://www.horizonblue.com/awayfromhome) or call **973-466-8091**

Behavioral Health Care: [HorizonBlue.com/behavioralhealth](https://www.horizonblue.com/behavioralhealth) or call **1-800-626-2212**, 24/7

Doctor & Hospital Finder: [HorizonBlue.com/doctorfinder](https://www.horizonblue.com/doctorfinder)

Blue National Doctor & Hospital Finder: [provider.bcbs.com](https://www.provider.bcbs.com) or call BlueCard Access at **1-800-810-BLUE (2583)**



Pharmacy:

Pharmacy: [myprime.com](https://www.myprime.com) or call **1-877-627-6337 (TTY 711)** Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time

Amazon Pharmacy: [Amazon.com/horizonblue](https://www.amazon.com/horizonblue)



Health & Wellness:

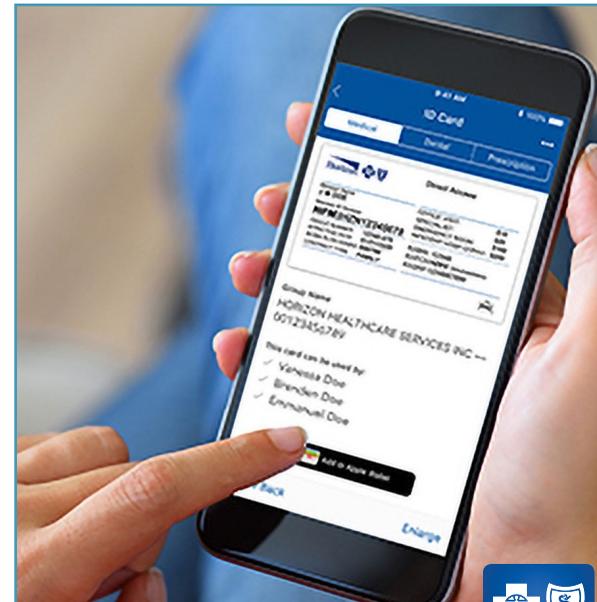
Blue365[®] Healthy Living Discounts: [Blue365deals.com/horizonbcbs](https://www.blue365deals.com/horizonbcbs)

Chronic Care Programs: [HorizonBlue.com/chronic-care](https://www.horizonblue.com/chronic-care)

HorizonbFitSM gym reimbursement: [HorizonbFit.com](https://www.horizonbFit.com)

My Health Manager powered by WebMD[®]: [HorizonBlue.com/mhm](https://www.horizonblue.com/mhm)

PRECIOUS ADDITIONS[®] for parents-to-be: [HorizonBlue.com/preciousadditions](https://www.horizonblue.com/preciousadditions)



Text **GetApp** to **422-272** to download the Horizon Blue app.*



*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



Summary of Benefits & Coverage

Download your summary here: [HorizonBlue.com/individual-sbc](https://www.horizonblue.com/individual-sbc)

Why Horizon

Health Plan Benefits

Medical Plans

- [OMNIASM Health Plans](#)
- [Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

- [Personal Accident Insurance](#)
- [International Medical Coverage](#)
- [Pet Insurance](#)

Enrollment Made Easy

» Quick Resource Guide

Here when you need us most.



Horizon Blue Cross Blue Shield of New Jersey (Horizon) is an independent licensee of the Blue Cross Blue Shield Association (BCBSA). The Blue Cross® and Blue Shield® names and symbols, BlueCard®, Blue365® and GeoBlue® are registered marks of the BCBSA. The Horizon® name and symbols and PRECIOUS ADDITIONS® are registered marks and OMNIASM and Horizon^{BF} are service marks of Horizon. © 2022 Horizon, Three Penn Plaza East, Newark, New Jersey 07105.

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

GeoBlue® is a trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the BCBSA.

Blue365® offers access to savings on items and services that members may purchase directly from independent vendors. Please note that the BCBSA may receive payments from Blue365 vendors. Also, neither Horizon nor the BCBSA recommend, warrant or guarantee any specific Blue365 vendor or discounted item or service. Blue365 is not an insurance program and may be discontinued at any time.

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

All trademarks, service marks and company names are the property of their respective owner.

Amazon Pharmacy, ASPCA®, Costco, LifeSecure Insurance Company, Sam's Club, Walmart and WebMD® are independent from and not affiliated with Horizon.

Davis Vision is an independent company that supports Horizon in the administration of Vision Benefits. Davis Vision is independent from and not affiliated with Horizon.

Retail eyewear services are offered independently by Visionworks, Inc. This is not a Horizon product. Visionworks, Inc. is solely responsible. Visionworks, Inc. is independent from and not affiliated with Horizon or the BCBSA.

The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company.

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

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



Why Horizon

Health Plan Benefits

Medical Plans

[OMNIASM Health Plans](#)

[Advantage EPO Health Plans](#)

Dental Plans

Vision Plans

Additional Coverage

[Personal Accident Insurance](#)

[International Medical Coverage](#)

[Pet Insurance](#)

Enrollment Made Easy

Quick Resource Guide