

2021
OVERVIEW

NJ State Health Benefits Program (SHBP)

State and State College/University Employees



Here when you need us most. Now and always.

Now more than ever, you need health insurance you can count on.

Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) has covered generations of New Jersey families. Your health matters to us. So we're always finding new ways to make your health care experience better.

We're working together with doctors. We're putting more tools online and on your phone. We're helping members be their best by offering our best coverage and services.

We're New Jersey's #1 health insurance for a reason. Because we do more to take care of families like yours.



Horizon Health Guide

We're pleased to continue to offer enhanced concierge services through Horizon Health Guide. Your Horizon Health Guides handle a broad range of member services such as provider selection assistance, benefit inquiries, claim status, care management referrals, appointment scheduling, preventative care recommendations and member education.

Expanded resources include skilled nurses and staff to support you 24/7 in understanding your treatment plans when faced with a complex medical situation, and managing chronic conditions to make your medical path easier and less stressful.

Horizon Health Guides are available exclusively to SHBP and SEHBP members by phone at **1-800-414-SHBP (7427)** and chat, weekdays, from 8 a.m. to 9 p.m., Eastern Time (ET).

"Diane was extremely courteous and helpful. She listened carefully to my needs and made sure she got me all the information I needed. She was very patient and thorough. It was so nice to be treated with care and respect. Thank you, Diane!"

SHBP member

Health and wellness for mind and body.

Healthy Living Discounts

Weekly deals from top retailers delivered right to your inbox:

- Fitness memberships, special events and apparel
- Weight-management programs and specialty food services
- Discounts on eye care, including frames, lenses and contacts

Sign up at Blue365deals.com/HorizonBCBS.¹

Education Resources

The more you know about your health plan benefits and resources, the easier it is to make the best health care decisions.

Visit shbp.HorizonBlue.com to understand your coverage as well as your rights and responsibilities.

Pregnancy Resources

With personalized support, online tools and interactive resources for moms-to-be, our PRECIOUS ADDITIONS® program helps you through your pregnancy and beyond, including My Pregnancy Assistant, an online tool powered by WebMD®, featuring videos, trackers and checklists.

To learn more, visit HorizonBlue.com/shbpmaternity.

Health Management Tools

Track your health securely and confidentially with My Health Manager, powered by WebMD®.

- Digital coaching and customized tools to manage your health and track your progress
- Interactive, easy-to-use measurement of your health status to identify health risks
- Weight tracker, calorie counter and nutrition help

To get started, visit HorizonBlue.com/mhm.

HorizonbFitSM

Starting in January 2021, eligible SHBP members will be able to enroll and may receive a \$20 incentive for every month in which they participate by visiting a fitness facility, walking at least 10,000 steps for at least 12 days per month or accessing virtual HorizonbFit-at-home features to stay motivated to maintain their overall wellness.

Visit HorizonbFit.com beginning in December 2020 to enroll.

1. Blue365 offers access to savings on items and services that members may purchase directly from independent vendors. To find out what is available to you through Blue365, visit HorizonBlue.com/shbp. Please note that the Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Also, neither Horizon BCBSNJ nor the BCBSA recommend, warrant or guarantee any specific Blue365 vendor or discounted item or service. Blue365 is not an insurance program and may be discontinued at any time.





NJWELL

Working for a
Healthy New Jersey

Reward yourself for healthy living.

Achieve your best health – and earn \$250 or more in Visa prepaid card(s) each wellness year (November 1 to October 31) – with NJWELL, a wellness program for eligible members and their covered spouses/partners.

Learn more about NJWELL on HorizonBlue.com/shbp and on the NJ Division of Pensions and Benefits website at nj.gov/njwell.

- 1 Sign in at HorizonBlue.com/shbp. Select Wellness and Services, then NJWELL, then Rewards to view the full list of requirements and activities that can earn you points.
- 2 Complete the required online health assessment. The health assessment is a good starting point for a discussion with your doctor. It is completely confidential and will not affect your health care benefits.
- 3 Complete your NJWELL health screening. Visit my.questforhealth.com to see your options for visiting a health care professional or completing at home. Use NJWELL as the registration key.
- 4 Complete online activities and coaching to reach the reward level.



Our best coverage, for your best you.

PPO Plans

All of our PPO plans include:

- Care in network or out of network in New Jersey, nationwide and abroad
- No need to select a Primary Care Physician (PCP)
- No referrals necessary to see a specialist
- Lower out-of-pocket costs when using the Horizon Managed Care Network or the BlueCard® PPO Network nationwide and Blue Cross Blue Shield Global® Core abroad

NJ DIRECT High Deductible Health Plans (HDHPs) combine a high deductible health plan with a health savings account (HSA). Eligible preventive services are covered at 100 percent if in network and do not have a deductible. You are responsible for eligible medical and prescription expenses, up to the deductible. For information on HSAs, please visit HorizonBlue.com/myway.

HMO Plans

With our HMO plans, you have access to health care professionals and facilities in the Horizon Managed Care Network in New Jersey and parts of New York, Pennsylvania and Delaware. You select a licensed Primary Care Physician from the Horizon Managed Care Network as your Primary Care Physician (PCP), and your PCP will refer you to specialty care when needed. In addition, the Away From Home Care Program is available to eligible HMO members who will be outside the state of New Jersey, like students living away from home, long-term travelers and families living apart. For more information, visit shbp.HorizonBlue.com/plans/Horizon-hmo.

OMNIASM Health Plan

Our OMNIA Health Plan puts you in control.

In addition to having some of our best benefits, these plans give you the flexibility to choose from New Jersey's largest network: 52,000 local doctors, specialists and health professionals and 84 hospitals in 103 convenient locations across New Jersey and parts of Pennsylvania and Delaware.* You also have worldwide access to over 1.3 million providers in our BlueCard® PPO program.

Want to save even more on out-of-pocket costs? Choose from over 39,000 OMNIA Tier 1 doctors and some of the state's leading hospitals for lower copayments, lower out-of-pocket costs and no deductibles.*

All with no referrals and no need to choose a Primary Care Physician.

*Based on physician data as of 8/15/2020 and is subject to change.



Active Employees: Calculate your estimated premium contribution, visit HorizonBlue.com/shbpcalculator.



2021 NJ State Health Benefits Program (SHBP) State and State College/University Employees – Plans for CWA and Union Negotiated Members

Plans effective 1/1/2021 (effective 12/19/2020 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	OMNIA SM Tiered Network Option	
	OMNIA HEALTH PLAN	
	Tier 1	Tier 2
IN-NETWORK (IN):		
Service Area Available	NJ only	Nationwide
Specialist Referral	No referral required	No referral required
Deductible ²		
Individual	\$0	\$1,500
Family	\$0	\$3,000
Coinsurance	0%	20% after deductible
Coinsurance Out-of-Pocket Maximum		
Individual	Not applicable	\$4,500
Family	Not applicable	\$9,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
HEALTH CARE SERVICES		
Primary Care Office Visit	\$5	\$20
Annual Routine Physical (In-Network Only)	\$0	\$0
Direct Primary Care Medical Home (DPCMH)	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$30
Annual Routine Vision (In-Network Only)	\$15	\$30
Chiropractic ⁵	\$15	\$30
Physical/Occupational/Speech Therapy ⁶	\$5 office visit/\$15 outpatient facility	\$20 office visit/ 20% after deductible at an outpatient facility
DIAGNOSTIC LABORATORY⁷/RADIOLOGY/ADVANCED IMAGING		
Outpatient Laboratory/Radiology/Advanced Imaging	\$15	20% after deductible
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES		
Urgent Care Center	\$15	\$30
Emergency Room	\$100	\$100
Ambulance	\$0	\$0
OTHER SERVICES		
Inpatient Facility	\$150 per admission ⁹	20% after deductible
Outpatient Facility	\$150	20% after deductible
Outpatient Behavioral Health	\$15	\$30 office visit/ 20% after deductible at an outpatient facility
Durable Medical Equipment (DME)	\$0	\$0
OUT-OF-NETWORK (OON):¹⁰		
Deductible - Individual	No out-of-network benefits	
Deductible - Family		
Coinsurance after Deductible		
Out-of-Pocket Coinsurance Maximum - Individual		
Out-of-Pocket Coinsurance Maximum - Family		
Inpatient Hospital Deductible		

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes \$300 Health Savings Account funding by employer.

2. Deductible applies to all services that require a coinsurance.

3. Includes eligible prescription cost share.

4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

5. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

6. Physical, occupational and speech therapy: OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. All other plans based on medical necessity.

7. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

8. Lower copayment applies to children under 19 and physician referrals.

9. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

PPO Plan Options				HMO Option
CWA UNITY DIRECT NJ DIRECT (employees hired prior to 7/1/19)	CWA UNITY DIRECT2019 NJ DIRECT2019 (new hires on or after 7/1/19)	NJ DIRECT HD1500 ¹	NJ DIRECT HD4000 ¹	HORIZON HMO
Nationwide	Nationwide	Nationwide	Nationwide	NJ and contiguous counties
No referral required	No referral required	No referral required	No referral required	Referral required
\$0	\$100	\$1,500 ³	\$4,000 ³	See DME
\$0	Not applicable	\$3,000 ³	\$8,000 ³	See DME
10% ⁴	10% after deductible ⁴	20% after deductible ³	20% after deductible ³	0%
\$800	\$800	\$1,000	\$1,000	Not applicable
\$2,000	\$2,000	\$2,000	\$2,000	Not applicable
\$6,840	\$6,840	\$2,500 ³	\$5,000 ³	\$6,840
\$13,680	\$13,680	\$5,000 ³	\$10,000 ³	\$13,680
\$15	\$15	20% after deductible	20% after deductible	\$15
\$0	\$0	\$0	\$0	\$0
\$0	\$0	Not available	Not available	Not available
Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
\$15	\$15	20% after deductible	20% after deductible	\$15
\$15	\$15	20% after deductible	20% after deductible	\$15
\$15	\$15	20% after deductible	20% after deductible	\$15
\$15	\$15	20% after deductible	20% after deductible	\$15
\$0	\$0	20% after deductible	20% after deductible	\$0
\$0	\$0	20% after deductible	20% after deductible	\$0
\$15	\$15	20% after deductible	20% after deductible	\$15
\$150 ⁸	\$150 ⁸	20% after deductible	20% after deductible	\$100 ⁸
10%	10% after deductible	20% after deductible	20% after deductible	\$0
\$0	\$0	20% after deductible	20% after deductible	\$0
\$0	\$0	20% after deductible	20% after deductible	\$0
\$15	\$15	20% after deductible	20% after deductible	\$15
10%	10% after deductible	20% after deductible	20% after deductible	\$100 deductible, then covered in full
\$400	\$400	See in-network deductible ¹¹	See in-network deductible ¹¹	No out-of-network benefits
\$1,000	\$1,000	See in-network deductible ¹¹	See in-network deductible ¹¹	
30%	30%	40%	40%	
\$2,000	\$2,000	\$3,500	\$6,000	
\$5,000	\$5,000	\$7,000	\$12,000	
\$500/stay	\$500/stay	Not applicable	Not applicable	

10. Out-of-network cost basis: CWA Unity DIRECT, CWA Unity DIRECT2019, NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. After out-of-pocket maximum is reached annually, behavioral health is reimbursed at 195% CMS fee schedule. This policy applies through 7/1/21. NJ DIRECT HD plans: 90th percentile of FAIR Health national benchmark. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

11. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit state.nj.us/treasury/pensions/member-guidebooks.shtml for more information.

You can reference the HorizonBlue.com/shbpcalculator to determine your premium contribution.

Horizon Dental Choice plan available. Please visit HorizonBlue.com/SHBP.

Retirees: Please visit state.nj.us/treasury/pensions for information regarding available retiree plans.

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

2021 NJ State Health Benefits Program (SHBP) State and State College/University Employees – Plans for All Other State Members

Plans effective 1/1/2021 (effective 12/19/2020 for biweekly employees)

HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	OMNIA SM Tiered Network Option		NJ DIRECT (employees hired prior to 7/1/19)	NJ DIRECT2019 (new hires on or after 7/1/19)
	OMNIA HEALTH PLAN			
	Tier 1	Tier 2		
IN-NETWORK (IN):				
Service Area Available	NJ only	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required	No referral required
Deductible ²				
Individual	\$0	\$1,500	\$0	\$100
Family	\$0	\$3,000	\$0	Not applicable
Coinsurance	0%	20% after deductible	10% ⁴	10% after deductible ⁴
Coinsurance Out-of-Pocket Maximum				
Individual	Not applicable	\$4,500	\$800	\$800
Family	Not applicable	\$9,000	\$2,000	\$2,000
Total Out-of-Pocket Maximum (Copay+Deductible+Coinsurance)				
Individual	\$2,500	\$4,500	\$6,840	\$6,840
Family	\$5,000	\$9,000	\$13,680	\$13,680
HEALTH CARE SERVICES				
Primary Care Office Visit	\$5	\$20	\$15	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0	\$0
Direct Primary Care Medical Home (DPCMH)	\$0	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
Specialist Office Visit	\$15	\$30	\$15	\$15
Annual Routine Vision (In-Network Only)	\$15	\$30	\$15	\$15
Chiropractic ⁶	\$15	\$30	\$15	\$15
Physical/Occupational/Speech Therapy ⁷	\$5 office visit/ \$15 outpatient facility	\$20 office visit/ 20% after deductible at an outpatient facility	\$15	\$15
DIAGNOSTIC LABORATORY⁸/RADIOLOGY/ADVANCED IMAGING				
Outpatient Laboratory/Radiology/Advanced Imaging	\$15	20% after deductible	\$0	\$0
Freestanding Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES				
Urgent Care Center	\$15	\$30	\$15	\$15
Emergency Room	\$100	\$100	\$150 ⁹	\$150 ⁹
Ambulance	\$0	\$0	10%	10% after deductible
OTHER SERVICES				
Inpatient Facility	\$150 per admission ¹⁰	20% after deductible	\$0	\$0
Outpatient Facility	\$150	20% after deductible	\$0	\$0
Outpatient Behavioral Health	\$15	\$30 office visit/ 20% after deductible at an outpatient facility	\$15	\$15
Durable Medical Equipment (DME)	\$0	\$0	10%	10% after deductible
OUT-OF-NETWORK (OON):¹¹				
Deductible - Individual	No out-of-network benefits		\$400	\$400
Deductible - Family			\$1,000	\$1,000
Coinsurance after Deductible			30%	30%
Out-of-Pocket Coinsurance Maximum - Individual			\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family			\$5,000	\$5,000
Inpatient Hospital Deductible			\$500/stay	\$500/stay

1. High Deductible Health Plan. NJ DIRECT HD1500 plan includes \$300 Health Savings Account funding by employer.

2. Deductible applies to all services that require a coinsurance.

3. Includes eligible prescription cost share.

4. On select services (durable medical equipment, prosthetics, orthotics, oxygen, private duty nursing, ambulance).

5. Under age 26.

6. Chiropractic: Horizon HMO: 20 visits per calendar year. OMNIA Health Plan: 25 visits per calendar year. All other plans: 30 visits per calendar year.

7. Physical, occupational and speech therapy: OMNIA Health Plan: 30 visit maximum each per calendar year. Horizon HMO: 60 visit combined maximum per calendar year. All other plans based on medical necessity.

8. Laboratory services must be rendered by an in-network participating provider, with some exceptions based on medical policy.

9. Lower copayment applies to children under 19 and physician referrals.

PPO Plan Options						HMO Option
NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT2035	NJ DIRECT HD1500 ¹	NJ DIRECT HD4000 ¹	HORIZON HMO
Nationwide	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide	NJ and contiguous counties
No referral required	No referral required	No referral required	No referral required	No referral required	No referral required	Referral required
\$0	\$0	\$0	\$200	\$1,500 ³	\$4,000 ³	See DME
\$0	\$0	\$0	\$500	\$3,000 ³	\$8,000 ³	See DME
10% ⁴	10% ⁴	10% ⁴	20% after deductible	20% after deductible ³	20% after deductible ³	0%
\$400	\$400	\$800	\$2,000	\$1,000	\$1,000	Not applicable
\$1,000	\$1,000	\$2,000	\$5,000	\$2,000	\$2,000	Not applicable
\$6,840	\$6,840	\$6,840	\$6,840	\$2,500 ³	\$5,000 ³	\$6,840
\$13,680	\$13,680	\$13,680	\$13,680	\$5,000 ³	\$10,000 ³	\$13,680
\$15	\$15	\$20	\$20	20% after deductible	20% after deductible	\$15
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	Not available	Not available	Not available
Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply	Cost share may apply
\$15	\$25	\$30/adult, \$20/child ⁵	\$35	20% after deductible	20% after deductible	\$15
\$15	\$25	\$30/adult, \$20/child ⁵	\$35	20% after deductible	20% after deductible	\$15
\$15	\$25	\$30/adult, \$20/child ⁵	\$35	20% after deductible	20% after deductible	\$15
\$15	\$25	\$30/adult, \$20/child ⁵	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$15
\$0	\$0	\$0	20% after deductible	20% after deductible	20% after deductible	\$0
\$0	\$0	\$0	20% after deductible	20% after deductible	20% after deductible	\$0
\$15	\$25	\$30/adult, \$20/child ⁵	\$35	20% after deductible	20% after deductible	\$15
\$100 ⁹	\$100 ⁹	\$125	\$300	20% after deductible	20% after deductible	\$100 ⁹
10%	10%	10%	20% after deductible	20% after deductible	20% after deductible	\$0
\$0	\$0	\$0	20% after deductible	20% after deductible	20% after deductible	\$0
\$0	\$0	\$0	20% after deductible	20% after deductible	20% after deductible	\$0
\$15	\$25	\$30/adult, \$20/child ⁵	\$35 office visit/ 20% after deductible at an outpatient facility	20% after deductible	20% after deductible	\$15
10%	10%	10%	20% after deductible	20% after deductible	20% after deductible	\$100 deductible, then covered in full
\$100	\$100	\$200	\$800	See in-network deductible ¹²	See in-network deductible ¹²	No out-of-network benefits
\$250	\$250	\$500	\$2,000	See in-network deductible ¹²	See in-network deductible ¹²	
30%	30%	30%	40%	40%	40%	
\$2,000	\$2,000	\$5,000	\$6,500	\$3,500	\$6,000	
\$5,000	\$5,000	\$12,500	\$13,000	\$7,000	\$12,000	
\$200/stay	\$200/stay	\$500/stay	\$600/stay	Not applicable	Not applicable	

10. \$150 per admission does not apply to inpatient childbirth, hospice or inpatient behavioral health/substance use disorder.

11. Out-of-network cost basis: NJ DIRECT and NJ DIRECT2019: 175% of CMS (Centers for Medicare & Medicaid Services) fee schedule. After out-of-pocket maximum is reached annually, behavioral health is reimbursed at 195% CMS fee schedule. This policy applies through 7/1/21. 90th percentile of FAIR Health national for all other health plans with an out-of-network benefit. All plans with an out-of-network benefit also have specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

12. Out-of-network deductible is combined with in-network deductible.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit state.nj.us/treasury/pensions/member-guidebooks.shtml for more information.

Horizon Dental Choice plan available. Please visit HorizonBlue.com/SHBP.

Retirees: Please visit state.nj.us/treasury/pensions for information regarding available retiree plans.

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With Horizon BCBSNJ health plans, we've got you covered.

Well Care and Preventive Care

Services such as an annual physical and gynecological exams, well baby/child medical care, immunizations and annual vision exams are covered when using a participating doctor.

Behavioral Health and Substance Use Disorder

We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caretakers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available. Your Horizon Health Guide can direct you to the right source.

In-Network Laboratories

Our laboratory network gives you choice and access to in-network lab services. You can use Quest Diagnostics™ (Quest) or LabCorp for blood tests and other lab services. In addition to LabCorp and Quest, our networks also include a number of participating labs that can provide a variety of specialized lab services. Learn more by using our Doctor & Hospital Finder at HorizonBlue.com/shbp.

Prescription Drug Coverage

Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions or contact your employer for details.

Chronic Care Programs

These programs can help you take control of your health and provide support for managing the day-to-day challenges of living with chronic conditions, such as asthma, diabetes, hypertension and musculoskeletal issues with our partners Livongo, Hinge Health and Naturally Slim.





Making good health care more convenient.

Direct Primary Care Medical Home (DPCMH)

Get unlimited access to personalized care with no copays. It's easy - simply choose a Direct Primary Care doctor from Paladina Health, R-Health, or Sanitas Medical Center for you and your covered dependents.

If you are eligible for NJWELL, your DPCMH provider will credit a well visit and follow-up office visit as a completed health screening.

To find a DPCMH location and learn if you are eligible, visit nj.gov/treasury/pensions.

Retail Health Clinics

These clinics offer care for treatment of common ailments, like colds or seasonal allergies.

- On-site board-certified nurse practitioners can diagnose and treat conditions and prescribe medications.
- Sites include MinuteClinics® at select CVS/pharmacy® locations.

For a complete list of retail clinics, visit HorizonBlue.com/doctorfinder.

Urgent Care Centers

Urgent care centers provide immediate medical care as an alternative to visiting the Emergency Room (ER).

- Urgent care centers treat wounds, sprains and other conditions that need immediate attention, but are not life-threatening.

- HMO members require a referral to go to a Horizon BCBSNJ urgent care center.
- All members are responsible for applicable copayments/coinsurance.
- Routine office visits are not covered at urgent care centers.

For a list of participating urgent care centers, visit HorizonBlue.com/doctorfinder.

Immunizations

To give you greater access to immunizations, we added participating pharmacies to our medical networks in New Jersey.

- These pharmacies administer vaccines, including flu, shingles, hepatitis A and B, pneumococcal and human papillomavirus (HPV).
- Medical claims are automatically submitted for you.

For a list of participating pharmacies, visit HorizonBlue.com/shbpflu.

Telemedicine

Telemedicine makes it easy for you to stay in control of your health – especially now that it's available at the touch of a button through the Horizon Blue app. In addition, ask your doctor if you can talk to him or her via video, chat or phone.*

*Horizon CareOnline telemedicine functionality within the Horizon Blue app will be available in the 4th quarter of 2020.

We're putting 24/7 care and support in the palm of your hand.

With the Horizon Blue app:

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

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., (ET)



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



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



Here when you need us most. Now and always.

Visit us online at HorizonBlue.com/shbp. Chat with us online.

Contact us toll free at **1-800-414-SHBP (7427)**.



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Paladina Health and R-Health are independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey.

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Hinge Health is an independent company that supports Horizon BCBSNJ in the provision of digital exercise therapy programs.

The State of New Jersey contracts with Naturally Slim to provide weight management services to eligible SHBP plan members. Naturally Slim is independent from and not affiliated with Horizon BCBSNJ.

WebMD is an independent company offering health information and wellness education to Horizon BCBSNJ members.

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

Spanish (Español): Para ayuda en español, llame al 1-866-660-6528 (TTY 711). Chinese (中文): 如需中文協助, 請致電 1-866-660-6528 (TTY 711).