



Summary of Benefits

Horizon NJ TotalCare (HMO D-SNP)

January 1, 2021 – December 31, 2021

Service area for this plan includes: all 21 NJ counties.

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Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

Introduction

This document is a brief summary of the benefits and services covered by Horizon NJ TotalCare (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Horizon NJ TotalCare (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit HorizonBlue.com/Medicare.



Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

A. Disclaimers



This is a summary of health services covered by Horizon NJ TotalCare (HMO D-SNP) for 2021. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can call Member Services at 1-800-543-5656 (TTY 711) 24 hours a day, 7 days a week to request an Evidence of Coverage or visit Medicare.HorizonBlue.com to find it online.

- ❖ Horizon NJ TotalCare (HMO D-SNP) is an HMO Medicare Advantage Dual Eligible Special Needs plan with a Medicare contract and a contract with the State of New Jersey Medicaid Program. Enrollment in Horizon NJ TotalCare (HMO D-SNP) depends on contract renewal. Products are provided by Horizon NJ Health. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. Both are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks, and That's the Benefit of BlueSM is a service mark of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. ©2020 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.**
- ❖ Your preferred language and/or format request is captured at the time of enrollment and we will keep your language/preference on file for future requests. You can also make a standing request for materials to be sent by mail, and/or in a particular format or language. You have the option to change your preference at any time by calling Member Services at **1-800-543-5656 (TTY 711)**, 24 hours a day, 7 days a week.
- ❖ You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (<http://www.medicare.gov>) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

B. Frequently asked questions

The following chart lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| <p>What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?</p> | <p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up Horizon NJ TotalCare (HMO D-SNP)’s service area are listed on page 5 of this document.</p> |
| <p>Will I get the same Medicare and NJ FamilyCare benefits in Horizon NJ TotalCare (HMO D-SNP) that I get now?</p> | <p>If you are coming to Horizon NJ TotalCare (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from Horizon NJ TotalCare (HMO D-SNP).</p> <p>When you enroll in Horizon NJ TotalCare (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Horizon NJ TotalCare (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Horizon NJ TotalCare (HMO D-SNP) to cover your drug if medically necessary.</p> |

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| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| <p>Can I go to the same health care providers I see now?</p> | <p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Horizon NJ TotalCare (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Horizon NJ TotalCare (HMO D-SNP)’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Horizon NJ TotalCare (HMO D-SNP)’s network. Emergency services and urgent care are covered worldwide. <p>To find out if your providers are in the plan’s network, call Member Services at 1-800-543-5656 or read Horizon NJ TotalCare (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at HorizonBlue.com/DoctorFinder for the most current listing.</p> <p>If Horizon NJ TotalCare (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep seeing the providers you go to now for 90 days or until your individualized Plan of Care is completed.</p> |
| <p>What is a Care Manager?</p> | <p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> |
| <p>What are Managed Long Term Services and Supports (MLTSS)?</p> | <p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p> |
| <p>What happens if I need a service but no one in Horizon NJ TotalCare (HMO D-SNP)’s network can provide it?</p> | <p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Horizon NJ TotalCare (HMO D-SNP) will cover services provided by an out-of-network provider.</p> |
| <p>Where is Horizon NJ TotalCare (HMO D-SNP) available?</p> | <p>The service area for this plan includes: all 21 counties in New Jersey. You must live in this area to join the plan.</p> |

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Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| What is prior authorization? | <p>Prior authorization means that you must get approval from Horizon NJ TotalCare (HMO D-SNP) before Horizon NJ TotalCare (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Horizon NJ TotalCare (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Horizon NJ TotalCare (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Horizon NJ TotalCare (HMO D-SNP) before the service is provided.</p> <p>See Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> |
| Do I pay a monthly amount (also called a premium) under Horizon NJ TotalCare (HMO D-SNP)? | <p>No. You will not pay any monthly premiums to Horizon NJ TotalCare (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p> |
| Do I pay a deductible as a member of Horizon NJ TotalCare (HMO D-SNP)? | <p>No. You do not pay deductibles in Horizon NJ TotalCare (HMO D-SNP).</p> |
| What is the maximum out-of-pocket amount that I will pay for medical services as a member of Horizon NJ TotalCare (HMO D-SNP)? | <p>There is no cost sharing for medical services in Horizon NJ TotalCare (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p> |
| Is the Over-the-Counter (OTC) Benefit Card the same as the Over-the-Counter (OTC) Catalog? | <p>No. These are two separate benefits for Horizon NJ TotalCare (HMO D-SNP) members. With the OTC Benefit Card, you receive \$375 every quarter (up to \$1,500 every year) to use at local participating pharmacies or online at NationsOTC.com to purchase OTC and food products. With the OTC Catalog, you receive an additional \$250 every quarter (up to \$1,000 every year) to select items from the catalog. Orders can be placed with the included order form, over the phone or online and delivered straight to your home.</p> |

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C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need hospital care | Inpatient hospital care | \$0 | Except in an emergency, your health care provider must tell the plan of your hospital admission. Authorization rules may apply. |
| | Outpatient hospital services (including outpatient treatment by a doctor or a surgeon) | \$0 | Authorization rules may apply. |
| | Ambulatory surgical center (ASC) services | \$0 | Authorization rules may apply. |
| You want to see a health care provider | Doctor visits (including visits to Primary Care Providers and specialists) | \$0 | Authorization rules may apply. |
| | Visits to treat an injury or illness | \$0 | Authorization rules may apply. |
| | Preventive care (care to keep you from getting sick, such as flu shots and other immunizations) | \$0 | Any additional preventive services approved by Medicare mid-year will be covered by the plan. |
| | Wellness visits, such as a physical | \$0 | |
| | “Welcome to Medicare” preventive visit (one time only) | \$0 | Important: We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit. |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|---|
| You need emergency care | Emergency room services | \$0 | You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Coverage is limited to \$60,000 worldwide when you are temporarily outside of the United States and its territories. |
| | Urgently needed services | \$0 | Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Coverage is limited to \$60,000 worldwide when you are temporarily outside of the United States and its territories. |
| You need medical tests | Lab tests, such as blood work | \$0 | Authorization rules may apply. |
| | X-rays or other pictures, such as CAT scans | \$0 | Authorization rules may apply. |
| | Screenings, such as tests to check for cancer | \$0 | Authorization rules may apply. |
| You need hearing/auditory services | Hearing screenings (including routine hearing exams) | \$0 | Authorization rules may apply. |
| | Hearing aids (as well as fittings, and associated accessories and supplies) | \$0 | Authorization rules may apply. |
| You need dental care | Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care) | \$0 | Authorization rules may apply. |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need eye care | Vision services (including annual eye exams) | \$0 | |
| | Glasses or contact lenses | \$0 | Replacement lenses and frames (or contact lenses) are covered once every 24 months for beneficiaries age 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older. |
| | Other vision care (including diagnosis and treatment for diseases and conditions of the eye) | \$0 | Optometrist services and optical appliances must be obtained at a participating Davis Vision Provider. |
| You have a mental health condition | Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital) | \$0 | All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Authorization rules may apply. |
| | | \$0 | |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| <p>You have a substance use disorder</p> | <p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)</p> | <p>\$0</p> | <p>Authorization rules may apply.</p> |
| <p>You need a place to live with people available to help you</p> | <p>Skilled nursing care</p> | <p>\$0</p> | <p>Authorization rules may apply.</p> |
| | <p>Nursing home care</p> | <p>\$0</p> | <p>Authorization rules may apply.</p> |
| | <p>Custodial care (long-term care in a Nursing Facility)</p> | <p>\$0</p> | <p>Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.</p> <p>Authorization rules may apply.</p> |
| <p>You need therapy after a stroke or accident</p> | <p>Occupational, physical, or speech therapy</p> | <p>\$0</p> | <p>Authorization rules may apply.</p> |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need help getting to health services | Ambulance services | \$0 | Authorization rules may apply. |
| | Emergency transportation | \$0 | Authorization rules may apply. |
| You need drugs to treat your illness or condition (This service is continued on the next page) | Medicare Part B prescription drugs (including those given by your provider in his or her office, some oral anti-cancer drugs, and some drugs used with certain medical equipment) | \$0 | Read the <i>Evidence of Coverage</i> for more information on these drugs. |
| | Medicare Part D prescription drugs | \$0 | <p>There may be limitations on the types of drugs covered. See Horizon NJ TotalCare (HMO D-SNP)'s List of Covered Drugs (Formulary) at HorizonBlue.com/Medicare for more information.</p> <p>Horizon NJ TotalCare (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Horizon NJ TotalCare (HMO D-SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, in the list of covered drugs (Formulary), and printed materials, as well as on the Medicare</p> |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|------------------------------|-------------------------------------|---|
| <p>You need drugs to treat your illness or condition (continued)</p> | | | <p>Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p><u>Retail Pharmacy</u> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply <p><u>Long-Term Care Pharmacy</u> Long term care pharmacies must dispense certain oral brand name drugs in amounts less than a 14 day supply. They may also dispense less than a month’s supply of generic drugs at a time. You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply of drugs <p><u>Mail Order</u> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply <p><u>Out-of-Network</u> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You can get out-of-network drugs the following way:</p> <ul style="list-style-type: none"> • one-month (30-day) supply. <p>For all retailers, contact the plan if you have questions when less than a one-month supply is dispensed.</p> |
| | Over-the-counter (OTC) drugs | \$0 | There may be limitations on the types of drugs covered. |
| | Diabetes medications | \$0 | |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need foot care | Podiatry services (including routine exams) | \$0 | |
| | Orthotic services | \$0 | |
| You need durable medical equipment (DME) or supplies | Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of Coverage</i> for more information.) | \$0 | Authorization rules may apply. |
| You need interpreter services | Spoken language interpreter | \$0 | |
| | Sign language interpreter | \$0 | |
| Other covered services (This service is continued on the next page) | Acupuncture | \$0 | |
| | Care coordination | \$0 | |
| | Chiropractic services | \$0 | Authorization rules may apply. |
| | Diabetic supplies | \$0 | Authorization rules may apply. |
| | Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services) | \$0 | EPSDT is for members under 21 years of age. |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|------------------------------------|--|-------------------------------------|---|
| Other covered services (continued) | Family planning | \$0 | Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service. |
| | Hospice care | \$0 | <p>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice. Please contact us for more details and we can guide you.</p> <ul style="list-style-type: none"> • Room and board costs are covered by the plan only when services are delivered in institutional (non-residence) settings. • Hospice care for enrollees under 21 years of age shall cover both palliative and curative care. <p>Authorization rules may apply.</p> |
| | Mammograms | \$0 | |
| | Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation) | \$0 | <p>MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.</p> <p>MLTSS is available to members who meet certain clinical requirements.</p> |

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| Health need or problem | Services you may need | Your costs for in network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| Other covered services (continued) | Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting) | \$0 | Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Authorization rules may apply. |
| | Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care) | \$0 | Authorization rules may apply. |
| | Prosthetic services | \$0 | Authorization rules may apply. |
| | Services to help manage your disease | \$0 | |

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the Horizon NJ TotalCare (HMO D-SNP) *Evidence of Coverage*. If you have questions, you can also call Horizon NJ TotalCare (HMO D-SNP) Member Services at **1-800-546-5656 (TTY 711)**.

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D. Additional services Horizon NJ TotalCare (HMO D-SNP) covers

This is not a complete list. Call Member Services at 1-800-546-5656 (TTY 711) or read the *Evidence of Coverage* to find out about other covered services.

| Additional services Horizon NJ TotalCare (HMO D-SNP) covers | Your costs |
|--|------------|
| Memberships are available at a participating YMCA and fitness center to improve member's health through the Silver&Fit® Program. There are programs available for our members' special needs and/or disabilities. Telephone based lifestyle coaching, digital fitness program video or Healthy Aging program are available for members who prefer to exercise at home or while traveling. | \$0 |
| Home-Delivered Meals- Meals offered following an acute inpatient hospital stay and coordinated by Horizon Care Managers. 2 meals a day for up to 14 days (maximum of 28 meals). One occurrence per calendar year. | \$0 |
| OTC (Over-the-Counter) Benefit Card- Every three (3) months you will receive a \$375 credit (up to \$1,500 annually) that will allow you to purchase personal health items without a prescription from our participating retailers. Examples of these personal items are first aid kits, folding canes, denture creams and more. The quarterly credit will not carry over from quarter to quarter or from year to year. All orders must be placed using the plan's approved OTC Benefit Card at participating retailers or online at NationsOTC.com. | \$0 |
| OTC (Over-the-Counter) Catalog- Every three (3) months you will receive a \$250 credit (up to \$1,000 annually) that will allow you to purchase personal health items without a prescription from our OTC Catalog. Examples of these personal items are first aid kits, folding canes, denture creams and more. The quarterly credit will not carry over from quarter to quarter or from year to year. All orders must be placed using the plan's approved vendor and all orders will be delivered through the mail. Orders can be placed through the phone at 1-855-345-4759 and online at HorizonBlueOTC.com | \$0 |
| Telemedicine- Horizon CareOnline is a telemedicine service that allows members to see a licensed, board-certified CareOnline Network doctor without an appointment via phone, video or chat, seven days a week, using a mobile device or web-enabled computer, for urgently needed services and behavioral health. | \$0 |
| Routine hygienic care of feet, including the treatment of corns and calluses, trimming of nails and other hygienic care in the absence of a pathological condition, is covered. We allow up to eight (8) visits per year. | \$0 |
| Special Supplemental Benefits for the Chronically Ill- The OTC Benefit Card will be enhanced to include food and include produce as eligible items. Tobacco and alcohol are not permitted. In order to qualify as being chronically ill, you must meet certain criteria. | \$0 |

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E. Benefits covered outside of Horizon NJ TotalCare (HMOD-SNP)

This is not a complete list. Call Member Services at 1-800-546-5656 (TTY 711) to find out about other services not covered by Horizon NJ TotalCare (HMO D-SNP) but available through Medicaid fee-for-service.

| Other services covered directly by Medicaid fee-for-service | Your costs |
|--|------------|
| Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage) | \$0 |
| Targeted case management (chronic mental illness) | \$0 |
| Behavioral Health Home (Care Management) | \$0 |
| PACT (Program in Assertive Community Treatment) | \$0 |
| CSS (Community Support Services) | \$0 |
| Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES) | \$0 |

F. Services not covered by Horizon NJ TotalCare (HMOD-SNP) (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services at 1-800-546-5656 (TTY 711) to find out about other excluded services.

| Services not covered by Horizon NJ TotalCare (HMOD-SNP) (exclusions) |
|--|
| Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare |
| Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study |
| Surgical treatment for morbid obesity except when medically necessary |
| Elective or voluntary enhancement procedures |
| Cosmetic surgery or other cosmetic work unless required criteria are met |
| LASIK surgery |

If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. For more information, visit HorizonBlue.com/Medicare.



Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

G. Your rights and responsibilities as a member of the plan

As a member of Horizon NJ TotalCare (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Horizon NJ TotalCare (HMO D-SNP) or your provider treats you

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Horizon NJ TotalCare (HMO D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call 1-800-543-5656 if you want to change your PCP.
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Horizon NJ TotalCare (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive

If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit HorizonBlue.com/Medicare.



Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-800-543-5656 (TTY **711**) if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from Horizon NJ TotalCare (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Horizon NJ TotalCare (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a Horizon NJ TotalCare (HMO D-SNP) member

If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit HorizonBlue.com/Medicare.



Horizon NJ TotalCare (HMO D-SNP): Summary of Benefits 2021

- Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify Horizon NJ TotalCare (HMO D-SNP)'s Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Horizon NJ TotalCare (HMO D-SNP).** You should:
 - Get all your health care from Horizon NJ TotalCare (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Horizon NJ TotalCare (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Horizon NJ TotalCare (HMO D-SNP) Member ID Card to obtain healthcare services
 - Notify Horizon NJ TotalCare (HMO D-SNP) when you believe that someone has purposely misused Horizon NJ TotalCare (HMO D-SNP) benefits or services

For more information about your rights, you can read Horizon NJ TotalCare (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Horizon NJ TotalCare (HMO D-SNP) Member Services.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Horizon NJ TotalCare (HMO D-SNP) should cover something we denied, call Horizon NJ TotalCare (HMO D-SNP) at 1-800-543-5656. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of Horizon NJ TotalCare (HMO D-SNP)'s *Evidence of Coverage*. You can also call Horizon NJ TotalCare (HMO D-SNP) Member Services.

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Horizon NJ TotalCare (HMO D-SNP) Member Services. Phone numbers are on the back cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-888-937-2835. Calls to this number are free.

If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit HorizonBlue.com/Medicare.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Horizon NJ TotalCare (HMO D-SNP) Member Services:

- 1-800-543-5656
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

- TTY 711
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Horizon NJ TotalCare (HMO D-SNP)'s 24/7 Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the 24/7 Nurse Line are:
 - 1-800-711-5952
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

Horizon NJ TotalCare (HMO D-SNP) also has free language interpreter services available for non-English speakers.

- TTY 711
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

If you need immediate behavioral health care, call the Behavioral Health team:

- 1-800-543-5656
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

Horizon NJ TotalCare (HMO D-SNP) also has free language interpreter services available for non-English speakers.

- TTY 711
 - Calls to this number are free. We are available 24 hours a day, 7 days a week.

If you have questions, please call Horizon Blue Cross Blue Shield at 1-888-328-4542 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit HorizonBlue.com/Medicare.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-328-4542** (TTY **711**).

Understanding the Benefits

- Horizon NJ TotalCare will cover all of your Medicare benefits, as well as all of your Medicaid (NJ FamilyCare) benefits. When you enroll in this plan, you will automatically be disenrolled from any Medicare Advantage, Medicare Part D, and/or NJ FamilyCare (Medicaid) plans you may currently be enrolled in.
- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **HorizonBlue.com/Medicare** or call **1-888-328-4542** (TTY **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- Benefits may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and full Medicaid benefits.

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. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Call Member Services at **1-888-328-4542 (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

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

**Horizon BCBSNJ
Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-328-4542 (TTY 711)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-328-4542 (TTY 711)**。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-328-4542 (TTY 711) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-328-4542 (TTY 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો **1-888-328-4542 (TTY 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-888-328-4542 (TTY 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-328-4542 (TTY 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-328-4542** (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-328-4542 (TTY 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-328-4542 (телетайп 711)**.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-328-4542 (TTY 711)**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-328-4542 (TTY 711)** पर कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-328-4542 (TTY 711)**.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-328-4542 (ATS 711)**.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

1-888-328-4542 (TTY 711).