

# OMNIA<sub>SM</sub> Health Plan

## More Choice and Control for Public Group Members



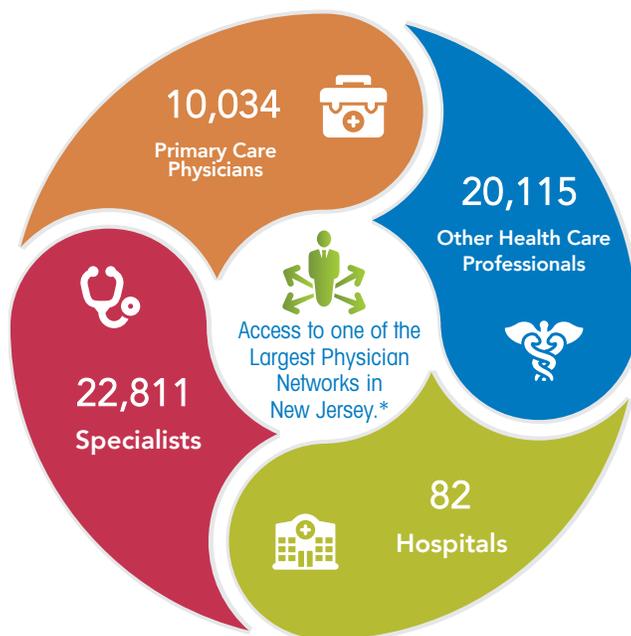
At Horizon Blue Cross Blue Shield of New Jersey, we are committed to providing you with access to quality health care, lower costs and enhanced services. You may pay less and get more with the OMNIA Health Plan.

### With an OMNIA Health Plan, you can:

- ✓ Choose from more than 52,000 doctors and specialists in New Jersey's largest physician network.
- ✓ Visit 83 hospitals in 102 convenient locations, including parts of Pennsylvania and Delaware.
- ✓ Visit specialists without a referral.

### OMNIA Health Plans offer the highest savings with OMNIA Tier 1 doctors, hospitals and other health care professionals:

- ✓ Save more at over 39,500 OMNIA Tier 1 doctors and other health care professionals and at some of the state's leading hospitals.
- ✓ Get free preventive care, like annual screenings, well-care visits, immunizations, nutritional counseling and more.
- ✓ Save with copayments as low as \$5 and no deductibles.



Find a provider near you at  
[HorizonBlue.com/doctorfinder](https://HorizonBlue.com/doctorfinder)

\*Based on Physician Network data as of 8/15/20 and subject to change

# 2021 OMNIA<sup>SM</sup> Health Plan Benefit Highlights

Access and Cost Sharing	OMNIA Tier 1	OMNIA Tier 2
Referrals Required?	No	No
Service Area Available	In New Jersey only	Nationwide (via BlueCard PPO) <sup>1</sup>
Deductible	\$0	\$1,500 individual/\$3,000 family
Coinsurance	Not applicable	Not applicable
Maximum Out-of-Pocket (MOOP)	\$400 individual/\$800 family	\$2,000 individual/\$4,000 family
Health Care Services		
Primary Care Physician (PCP) office visit	\$5 copayment	\$10 copayment
Specialist office visits and consultations	\$5 copayment	\$10 copayment
Preventive care, screenings, immunizations	No copayment or deductible	No copayment or deductible
Tests & Imaging		
Laboratory: freestanding (LabCorp)	No charge	No charge
Laboratory: hospital outpatient	No charge	No charge
Radiology: freestanding	No charge	No charge
Radiology: hospital outpatient	No charge	No charge
Imaging (CT/PET scans, MRIs): freestanding	No charge	Deductible then 100%
Imaging (CT/PET scans, MRIs): hospital outpatient	No charge	Deductible then 100%
Outpatient Surgery		
Professional charges	No charge	Deductible then 100%
Facility charges	No charge	Deductible then 100%
Inpatient Services		
Professional charges	No charge	Deductible then \$150 per admission
Facility charges	No charge	Deductible then \$150 per admission
Urgent & Emergency Medical Services		
Urgent care	\$5 copayment	\$10 copayment
Emergency Room	\$25 copayment	\$25 copayment
Maternity Services		
Prenatal and postnatal care	\$5 copayment (copayment applies to 1st visit only)	\$10 copayment (copayment applies to 1st visit only)
Delivery and all inpatient services	No copayment	Deductible then \$150 per admission
Substance Use Disorder Services		
Outpatient services (Facility)	No copayment	Deductible then 100%
Outpatient services (Office Services)	\$5 copayment	\$10 copayment
Inpatient services	No copayment	Deductible then \$150 per admission
Recovery/Special Health Services		
Home health care	No charge	No charge
Skilled nursing care	No charge	Deductible then \$150 per admission
Durable medical equipment (DME)	No charge	No charge
Hospice services (inpatient)	No charge	No charge
Ambulance	No charge	No charge

<sup>1</sup>Services received from BlueCard participating doctors and hospitals outside of New Jersey will be covered at the Tier 2 level of benefits.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate 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

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### Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (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 the following address: **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, through the 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](http://www.hhs.gov/ocr/office/file/index.html).

### Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

Se você fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identidade.

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ.

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.

Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجانًا. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية  
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔