Summary of Benefits

Horizon NJ TotalCare (HMO D-SNP)

January 1, 2027– December 31, 2027

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

Y0090_H82982027SB_M

If you have questions, call NJ TotalCare (HMO D-SNP) Member Services at 1-800-543-5656 (TTY 711) 8am–8pm: 7 Days October–March & Monday–Friday April–September. The call is free. **For more information,** visit HorizonBlue.com/Medicare.

Horizon NJ TotalCare (HMO D-SNP) | 2027 Summary of Benefits

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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Horizon NJ TotalCare (HMO D-SNP) | 2027 Summary of Benefits

A. Disclaimers



This is a summary of health services covered by Horizon NJ TotalCare (HMO D-SNP) for 2027. 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) 8am–8pm: 7 Days October–March & Monday–Friday April–September, to request an Evidence of Coverage or visit medicare.horizonblue.com/2027EOCDSNP to find it online.

- Horizon NJ Health has a Medicare contract and a contract with the State of New Jersey Medicaid Program to offer Horizon NJ TotalCare (HMO D-SNP), a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). 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 affiliates. Both are independent licensees of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. ©2026 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 **1-888-765-7134** (TTY **711**) 8am–8pm: 7 Days October–March & Monday–Friday April–September. The call is free.
- This document is available for free in Spanish.
- 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 in Spanish and/or in a particular format. This will be sent by mail or other available methods. You have the option to change your preference at any time by calling Member Services at **1-800-543-5656** (TTY 711) 8am–8pm: 7 Days October–March & Monday–Friday April–September.

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 (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.



If you have questions, call NJ TotalCare (HMO D-SNP) Member Services at 1-800-543-5656 (TTY 711) 8am–8pm: 7 Days October–March & Monday–Friday April–September. The call is free. **For more information,** visit HorizonBlue.com/Medicare.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	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 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 drugs. A FIDE SNP coordinates all of your care. 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. 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 in **Section B** of this document.

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and NJ FamilyCare benefits in Horizon NJ TotalCare (HMO D-SNP) that I get now?	If you're coming to Horizon NJ TotalCare (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from Horizon NJ TotalCare (HMO D-SNP). 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're taking any Medicare Part D drugs that Horizon NJ TotalCare (HMO D-SNP) doesn't normally cover, you can get a temporary supply, and we'll 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.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That's 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 using them. • 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. To find out if your providers are in the plan's network, call Member Services at 1-800-543-5656 (TTY 711) or read Horizon NJ TotalCare (HMO D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at HorizonBlue.com/DoctorFinder for the most current listing. If Horizon NJ TotalCare (HMO D-SNP) is new for you, we'll work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.
What's a Care Manager?	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.
What are Managed Long Term Services and Supports (MLTSS)?	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.

Horizon NJ TotalCare (HMO D-SNP) | 2027 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in Horizon NJ TotalCare (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Horizon NJ TotalCare (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Horizon NJ TotalCare (HMO D-SNP) available?	The service area for this plan includes: all 21 counties in New Jersey. You must live in this area to join the plan.
What's prior authorization?	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. Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.
Do I pay a monthly amount (also called a premium) under Horizon NJ TotalCare (HMO D-SNP)?	No. You will not pay any monthly premiums to Horizon NJ TotalCare (HMO D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of Horizon NJ TotalCare (HMO D-SNP)?	No. You don't pay deductibles in Horizon NJ TotalCare (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Horizon NJ TotalCare (HMO D-SNP)?	There's no cost sharing for medical services in Horizon NJ TotalCare (HMO D-SNP), so your annual out-of-pocket costs will be $0.

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 use 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	
	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 use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you don't have to be in-network. You have up to $60,000 in coverage worldwide when you are temporarily outside of the United States and its territories. Contact the plan for details.
	Urgently needed services	$0	Examples of urgently needed services are unforeseen medical illnesses and injuries or unexpected flare-ups of existing conditions. You don't need prior authorization and you don't have to be in-network. You have up to $60,000 in coverage worldwide when you are temporarily outside of the United States and its territories. Contact the plan for details.
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.
You need mental health services	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management) (**Note:** This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services or read the *Evidence of Coverage* for more information.)	$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. 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 have a substance use disorder	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) (**Note:** This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services or read the *Evidence of Coverage* for more information.)	$0	Authorization rules may apply.
You need a place to live with people available to help you	Skilled nursing care	$0	Authorization rules may apply.
	Nursing home care	$0	Authorization rules may apply.
	Custodial care (long-term care in a Nursing Facility)	$0	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. Authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Authorization rules may apply.

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	Prior authorization is required for air and ground non-emergency ambulance services. **Non-emergency ambulance transportation is only covered when the member is confined to a bed, must be moved by stretcher, and cannot be moved in a wheelchair.**
	Emergency transportation	$0	You have up to $60,000 in coverage worldwide when you are temporarily outside of the United States and its territories. Contact the plan for details.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0	Read the *Evidence of Coverage* for more information on these drugs. Authorization rules may apply.
	Medicare Part D drugs Tier 1: Generic and brand name drugs	$0	There may be limitations on the types of drugs covered. Refer to Horizon NJ TotalCare (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) at HorizonBlue.com/Medicare for more information. 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. Some drugs have quantity limits. Your provider must get prior authorization from Horizon NJ TotalCare (HMO D-SNP) for certain drugs.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs **(continued)** Tier 1: Generic and brand name drugs	$0	You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs (Drug List)*, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare. **Retail Pharmacy** You can get drugs the following way(s): • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply **Long-Term Care Pharmacy** 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): • one-month (31-day) supply of drugs **Mail Order** You can get drugs the following way(s): • one-month (30-day) supply • two-month (60-day) supply • three-month (90-day) supply **Out-of-Network** Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs **(continued)** Tier 1: Generic and brand name drugs	$0	service area where there is no network pharmacy. You can get out-of-network drugs the following way: • one-month (30-day) supply. For all retailers, contact the plan if you have questions when less than a one-month supply is dispensed.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Horizon NJ TotalCare (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information.
	Diabetes medications	$0	
You need foot care	Medicare-covered podiatry services	$0	
	Orthotic services	$0	Authorization rules may apply.
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 *Evidence of Coverage* for more information.)	$0	Authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need interpreter services	Spoken language interpreter	$0	
	Sign language interpreter	$0	
Other covered services (This service is continued on the next page) Other covered services (continued)	Acupuncture	$0	Limits apply. Refer to the Benefits Chart in Chapter 4 of the *Evidence of Coverage* to learn more.
	Care coordination	$0	
	Chiropractic services	$0	Authorization rules may apply.
	Diabetic supplies	$0	Authorization rules may apply. Diabetic test strips and therapeutic CGM are limited to preferred manufacturers (Ascensia, Roche, and Abbott, Dexcom and Freestyle, respectively) when obtained at the pharmacy. There is a limit of 204 test strips and 204 lancets covered every 30 days when obtained at the pharmacy.
	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.
	Family planning	$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service
	Hospice care	$0	You can get care from any hospice program certified by Medicare. Our Plan

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)	Hospice care **(continued)**		must help you find Medicare-certified hospice programs in the plan's service area. Covered services include: • Drugs to treat symptoms and pain • Short-term respite care • Home care The plan also covers certain durable medical equipment, as well as spiritual and grief counseling. For members under 21 years of age, both palliative and curative care are covered. Hospice services and services covered by Medicare Part A or Medicare Part B that relate to your terminal prognosis are billed to Medicare. Authorization rules may apply.
	Mammograms	$0	• One baseline mammogram between the ages of 35 and 39 • One screening mammogram every 12 months for women age 40 and over • Clinical breast exams once every 12 months • Additional screenings are available if medically necessary
	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	$0	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. MLTSS is available to members who meet certain clinical requirements.

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)	ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)		
	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)'s *Evidence of Coverage*. If you have questions, you can also call Horizon NJ TotalCare (HMO D-SNP) Member Services at **1-800-543-5656** (TTY **711**).

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

This isn't a complete list. Call Member Services at 1-800-543-5656 (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 fitness center or YMCA near you that takes part in the Silver&Fit® Program to improve member's health. There are programs available for our members' special needs and/or disabilities. Telephone based lifestyle coaching, digital fitness program videos or Healthy Aging classes are available for members who prefer to exercise at home or while traveling.	$0
Home-Delivered Meals – Meals offered following an inpatient hospital stay (acute or rehab) or inpatient surgery and coordinated by Horizon Care Managers. Benefit limit of 14 meals post discharge. Two occurrences per calendar year.	$0
Over-the Counter (OTC) Horizon &more™ Card – This card will include your combined monthly allowance to spend on: • OTC Retail • OTC Catalog • Special Supplemental Benefits for the Chronically Ill (SSBCI*) includes: * Healthy Foods * Utility Benefits You will need to use this card for payment. In addition, your Rewards & Incentives will be added to this card to pay for approved items. **(This service is continued on the next page)**	$0

Additional services Horizon NJ TotalCare (HMO D-SNP) covers (continued) • Over-the-Counter (OTC) and SSBCI (Special Supplemental Benefits for Chronically Ill) allowance for healthy food and utilities – You receive a combined allowance of $305 every month (up to $3,660 every year) to spend using your Horizon &more™ Card at local participating retailers, online or from the OTC benefit catalog. Members that qualify for SSBCI* benefits will be able to use their allowance for healthy food, utilities such as electric, water, and gas (gasoline is not included with this benefit), in addition to the OTC retail and catalog items. • The monthly credit will not carry over from month to month or from year to year. • Items purchased at non-participating retailers are not covered. Non-eligible items include but are not limited to non-healthy food, alcohol, tobacco, and cannabis products. * The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. To be considered for these benefits, you must meet the CMS definition of chronically ill and have been diagnosed with one or more specific chronic conditions, including but not limited to, cardiovascular disorders, chronic heart failure (CHF), diabetes, chronic lung disorders (asthma), and high blood pressure/hypertension and, have a higher risk of hospitalization or other adverse health outcomes, and participate in the Horizon Care Management Program. Horizon will determine member eligibility based on objective criteria. Other chronic conditions, eligibility, and coverage criteria may apply.	$0
Telemedicine – Horizon offers telemedicine service which allows members to see a licensed, board certified network doctor for urgent care, therapy, and psychiatry. These services are available via video or phone, seven days a week, using a mobile device or web-enabled computer. Refer to your Evidence of Coverage (EOC) document for more details on how to access this benefit.	$0

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

This is not a complete list. Call Member Services at 1-800-543-5656 (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 (HMO D-SNP) (exclusions)

The following services aren't covered by our plan. This is not a complete list. Call Member Services at 1-800-543-5656 (TTY 711) to find out about other excluded services.

Services not covered by Horizon NJ TotalCare (HMO D-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

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'll 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, 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) and change your PCP at any time during the year. You can call 1-800-543-5656 (TTY 711) if you want to change your PCP.
  - Use 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're 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



If you have questions, call NJ TotalCare (HMO D-SNP) Member Services at 1-800-543-5656 (TTY 711) 8am–8pm: 7 Days October–March & Monday–Friday April–September. The call is free. **For more information,** visit HorizonBlue.com/Medicare.

- 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

- **You have the right to timely access to care that doesn't 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 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
  - Use 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 Fair Hearing
  - Get a detailed reason why services were denied

Your responsibilities include, but aren't 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're a Horizon NJ TotalCare (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about using 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 at 1-800-543-5656 (TTY 711).

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 (TTY 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of Horizon NJ TotalCare (HMO D-SNP)'s *Evidence of Coverage*. You can also call Horizon NJ TotalCare (HMO D-SNP) Member Services at 1-800-543-5656 (TTY 711).

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, 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.

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 8am–8pm: 7 Days October–March & Monday–Friday April–September.

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

- TTY 711
    - Calls to this number are free. We are available 8am–8pm: 7 Days October–March & Monday–Friday April–September.

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).

If you have questions, call NJ TotalCare (HMO D-SNP) Member Services at 1-800-543-5656 (TTY 711) 8am–8pm: 7 Days October–March & Monday–Friday April–September. The call is free. **For more information,** visit HorizonBlue.com/Medicare.

The numbers for the 24/7 Nurse Line are:

- 1-800-711-5952
  - Calls to this number are free.

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 Monday through Friday, 8 a.m. to 8 p.m.

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 Monday through Friday, 8 a.m. to 8 p.m.

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 Monday through Friday, 8 a.m. to 8 p.m. For routine services, contact the Horizon behavioral health program at 1-800-543-5656, between 8:00 a.m. and 8:00 p.m., ET.