Summary of Benefits

Horizon Specialty Care (HMO C-SNP)

January 1, 2027 – December 31, 2027

Service area for this plan includes:

- Horizon Specialty Care (HMO C-SNP) – Bergen, Essex, Hudson, Morris, Passaic, Somerset, and Union counties.

Y0090_H8298002SB27 _M

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services, cost shares and exclusions, please refer to our Evidence of Coverage, which can be found online at Medicare.HorizonBlue.com/2027EOCCSNP. Or, you can call Member Services at **1-844-277-8213 (TTY 711)** to request a mailed copy. Hours of operation are: October 1 – March 31: Monday – Sunday, from 8:00 a.m. to 8:00 p.m., ET and April 1 – September 30: Monday – Friday, from 8:00 a.m. to 8:00 p.m., ET.

If you are a member of a Horizon Specialty Care (C-SNP) plan, call toll-free **1-844-277-8213 (TTY 711**).

If you are not a member of a Horizon Specialty Care (C-SNP) plan, call toll-free **1-888-765-7134 (TTY 711**).

About our plan

Horizon Healthcare of New Jersey, Inc. has a Medicare contract to offer Horizon Specialty Care (HMO C-SNP), a Chronic Condition Special Needs Plan. Enrollment in Horizon Specialty Care (HMO C-SNP) depends on contract renewal.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed on the cover. You must also have one of the following qualifying conditions:

- Diabetes mellitus
- Chronic heart failure
- Cardiovascular disorders

To qualify for this Special Needs Plan, Centers for Medicare & Medicaid Services requires Horizon to verify member diagnosis of the qualifying condition(s) by a physician or physician's office within 60 days of enrollment.

Visit HorizonBlue.com/Medicare for more information.

Network providers and pharmacies

Horizon Specialty Care (HMO C-SNP) has a network of doctors, hospitals, and other providers. You can search for a network provider online at HorizonBlue.com/DoctorFinder.

Horizon Specialty Care (HMO C-SNP) has a network of pharmacies. You must generally use network pharmacies to fill your prescriptions for covered Part D Drugs. You can search for a network pharmacy online at HorizonBlue.com/ma-pharmacy-search.

You can always call us and we will send you a copy of the Provider and Pharmacy Directories.

For coverage and costs of Original Medicare, look in your "**Medicare & You 2027**" handbook.
View it online at www.Medicare.govor get 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**.

Premiums and Benefits

Horizon Specialty Care (HMO C-SNP)

Service Area

Bergen, Essex, Hudson, Morris, Passaic, Somerset, and Union counties

Monthly Plan Premium

$0 per month. You must keep paying your Medicare Part B premium.

Annual Medical Deductible

$0 per year

Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)

- $9,850 per year for covered services you receive from in-network providers.

Part B claims that are processed at the Pharmacy through Prime will be counted towards the MA medical in-network MOOP. MOOP includes copays and co-insurance.

Once you reach the limit on out-of-pocket costs, you pay nothing for covered hospital and medical services for the rest of the year.

Our plan also has a benefit-specific coverage limit for select benefits. For coverage limit details, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2027 Evidence of Coverage.

Inpatient Hospital Coverage[1]

Our plan covers an unlimited number of days for an inpatient hospital stay.

- $450 copay each day for days 1 through 5
- $0 copay each day for days 6 and beyond

If you are readmitted within three days of discharge for the same diagnosis, no copayments will apply to the readmission.

Outpatient Hospital: Surgery and Observation Services Coverage[1]

- $0 copay for diagnostic mammograms, DEXA scans, diagnostic colorectal cancer exams, diagnostic pap smears and diagnostic PSA tests.
- $450 copay for other services rendered in an outpatient hospital.

Ambulatory Surgical Center[1]

- $0 copay for diagnostic mammograms, DEXA scans, diagnostic colorectal cancer exams, diagnostic pap smears and diagnostic PSA tests.
- $350 copay for other services rendered in ASC.

Doctor Visits[1]

Primary care doctor office visit (General Medicine, Internal Medicine, and Family Practice doctors):

- $0 copay

Specialist office visit:

- $25 copay

Covered Benefits

NOTE: Services with a [1] may require prior authorization

Horizon Specialty Care (HMO C-SNP)

Preventive Services

Our plan covers many preventive services, including those listed in this section.

You pay a $0 copayment when you get the services listed below from an in-network provider. A copayment may apply for non-preventive diagnosis.

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease Intensive Behavioral Therapy (IBT)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening (Pap smear, pelvic exam)
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- Diabetes self-management training (DSMT)
- Diabetes prevention program (MDPP)
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Immunizations (Pneumonia, Flu shots, Hepatitis B and COVID-19 vaccines)
- Lung cancer screening
- Medicare Diabetes Prevention Program (MDPP)
- Medical nutrition therapy services
- Obesity screening and counseling
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Prostate cancer screenings (Prostate-Specific Antigen test)
- Sexually transmitted infections screening and counseling
- Smoking and Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- "Welcome to Medicare" preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.
Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Covered Benefits

NOTE: Services with a [1] may require prior authorization

Horizon Specialty Care (HMO C-SNP)
Emergency Care
• $115 copayment in the U.S. • $0 copayment for emergency care visit outside of the U.S. and its territories • We cover up to $100,000 of emergency and urgent care visits and emergency transportation (combined) received outside of the U.S. and its territories each year. Emergency visit copayment waived if admitted to a hospital within 24 hours for the same condition. See the "Inpatient Hospital Coverage" section of this booklet for other costs.
Urgently Needed Services
• $40 copayment in the U.S. • $0 copayment for urgent care visit outside of the U.S. and its territories • We cover up to $100,000 of emergency and urgent care visits and emergency transportation (combined) received outside of the U.S. and its territories each year. Urgent care visit copayment waived if admitted to a hospital within 24 hours for the same condition. See the "Inpatient Hospital Coverage" section of this booklet for other costs.
Diagnostic Services/ Labs/ Imaging[1]
Diagnostic Radiology services: • $0 copay for diagnostic mammograms and DEXA scans regardless of place of service **Simple Diagnostic Radiology services** (such as ultrasounds): • $40 copay regardless of the place of service **Complex Diagnostic Radiology services** (such as CT, PET, MRI): • $225 copay regardless of the place of service **Therapeutic Radiology**: • 20% coinsurance regardless of the place of service **X-rays**: • $0 copay for services rendered in an office setting • $40 copay for services rendered in settings other than an office **Lab Services** • $0 copay • Must be performed by LabCorp or Quest Diagnostics or performed at a participating hospital in New Jersey. **Diagnostic Tests and Procedures**: • $0 copay for Medicare covered colorectal cancer screening and diagnostic exams, Pap smears, and PSA tests regardless of place of service • $0 copay for services rendered in an office setting by a PCP • $25 copay for services rendered in an office setting by a specialist • $50 copay for services rendered at a freestanding facility • $75 copay for services rendered in an outpatient hospital

Covered Benefits

NOTE: Services with a [1] may require prior authorization.

Horizon Specialty Care (HMO C-SNP)

Hearing Services

Exam to diagnose and treat hearing and balance issues:

- $25 copay

We partner with **NationsBenefits** to provide you with the following hearing benefits:

Routine hearing exam (1 per year):

- $0 copay

Fitting/evaluation for hearing aid (1 per year):

- $0 copay

Call NationsBenefits to schedule a visit with an in-network provider. Your provider must submit claims to NationsBenefits for any in-network visits.

Hearing aids (prescription only; up to 1 per ear, per year):

- $299 copay for a level 1 hearing aid
- $599 copay for a level 2 hearing aid
- $1,199 copay for a level 3 hearing aid

You must use a NationsBenefits network provider to arrange your routine hearing exam and hearing aid services. We do not cover routine hearing exam and hearing aids obtained outside of the NationsBenefits network, including hearing aids you get without a prescription.

Preventive and Comprehensive Dental Services

Routine dental services (preventive/diagnostic):

- $0 copay for cleaning (up to 2 per year)
- $0 copay for oral exam (up to 2 per year)
- $0 copay for fluoride treatment (1 every 6 months)
- $0 copay for a full mouth x-ray (1 every 5 years)
- $0 copay for bitewing x-ray (1 set every year)

Comprehensive dental services (restorative, endodontics, periodontics, and extractions):

- We pay up to $1,500 per year towards the covered comprehensive dental services listed below. The coverage maximum does not apply to routine (preventive/diagnostic) dental services.
- Restorative: Composite and amalgam fillings covered once every rolling 6 months per tooth; sedative filling and pin covered once per tooth per rolling 12 months. You will pay 50% of the allowed amount and we will pay the other 50% of the allowed amount for this dental service.
- Endodontics: Pulp cap covered once every rolling 3 years; pulpotomy 1 per lifetime. Root canal therapy, retreatment, apicoectomy, hemisection covered once per tooth, per lifetime. You will pay 50% of the allowed amount and we will pay the other 50% of the allowed amount for this dental service.
- Periodontics: Periodontal maintenance covered 4 per year with history. Root planing and scaling covered once every 3 years. Osseous surgery covered once per quadrant, per lifetime. You will pay 20% of the allowed amount and we will pay the other 80% of the allowed amount for this dental service. Debridement and Gingivectomy are not covered.
- Oral Surgery: Simple and non-impacted extractions covered once per tooth, per lifetime. You will pay 50% of the allowed amount and we will pay the other 50% of the allowed amount for this dental service.

Covered Benefits

NOTE: Services with a [1] may require prior authorization.

Horizon Specialty Care (HMO C-SNP)
Medicare-Covered Dental Services[1]
Medicare-covered dental services (for example, reconstruction of the jaw following fracture or injury, tooth extractions done in preparation for radiation treatment for cancer involving the jaw, or oral exams preceding kidney transplantation): • 20% of the cost
Vision Services
We partner with **Davis Vision** to provide the routine vision benefits listed below. Use Davis Vision network providers to access in-network benefits. **Routine eye exam** (1 every year): • $0 copay **Eyeglass lenses** (one pair per year) not associated with cataract surgery: • $0 copay **Eyeglass frames or contact lenses**: You have an allowance of **$300** every calendar year for eyeglass frames or contact lenses not associated with cataract surgery. You are responsible for costs beyond the $300 annual coverage limit. Medically necessary contact lenses are covered in full.
Medicare-Covered Vision Services
Use Horizon Specialty Care (HMO C-SNP) network providers to access in-network benefits. **Eyeglasses or contact lenses after cataract surgery**: • $0 copay **Exam to diagnose and treat diseases and conditions of the eye**: • $25 copay **Diabetic retinal exam:** • $0 copay
Mental Health Services[1]
Inpatient Psychiatric Hospital: • $350 copay each day for days 1 through 5 • $0 copay for days 6 through 90 Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Outpatient individual office visit: • $30 copay Outpatient group therapy office visit: • $25 copay

Covered Benefits

NOTE: Services with a [1] may require prior authorization.

Horizon Specialty Care (HMO C-SNP)
Outpatient Substance Use[1]
• $30 copay for an individual visit • $25 copay for a group visit
Opioid Treatment Program Services
• $25 copay
Partial Hospitalization Services[1]
• $60 copay
Skilled Nursing Facility (SNF) [1]
• $0 copay for days 1 through 20 • $221 copay each day for days 21 through 100 Our plan covers up to 100 days per benefit period. A new benefit period begins each time you have not been readmitted to a SNF for 60 consecutive days since your last discharge. Each benefit period begins with the Day 1 copayment or coinsurance listed above. There is no annual limit to the number of benefit periods.
Outpatient Rehabilitation[1]
Occupational therapy, physical therapy or speech and language therapy: • $25 copay
Ambulance[1]
• Ground ambulance in the U.S. and its territories (one-way): $300 copay • Air ambulance in the U.S. and its territories (one way): $300 copay • Emergency transportation received outside of the U.S. and its territories: $0 copay We pay up to $100,000 for emergency and urgent care visits and emergency transportation (combined) received outside of the U.S. and its territories
Medicare Part B Drugs[1]
For Part B drugs such as chemotherapy drugs or other drugs usually administered by a doctor: • Up to 20% of the cost* You will pay no more than $35 for a one-month supply of covered insulins. *You will usually pay 20% of the cost of Medicare Part B drugs from an in-network provider. You will pay less than 20% of the cost for certain drugs from an in-network provider. Call Member Services for more information about the cost of your Medicare Part B drug(s).
Acupuncture (for chronic lower back pain only)
• $25 copay See the “OTC +Flex Benefit” section for information about additional coverage for acupuncture.
Annual Physical Exam
• $0 copay

Covered Benefits NOTE: Services with a [1] may require prior authorization.
Horizon Specialty Care (HMO C-SNP)
Chiropractic Care
Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • $15 copay • Non-routine and Medicare covered services only
Cardiac Rehab
Cardiac (heart) rehab services, for a maximum of 2 one-hour sessions per day for up to 36 sessions during a 36-week period: • $15 copay
Diabetic Supplies and Services[1]
For glucose monitors, test strips, lancets, solution and continuous glucose monitors: • **In-network pharmacy**: $0 copay for covered brands/products* only **Durable Medical Equipment:** • 20% of the cost for any brand **Diabetic shoes/inserts:** • $0 copay **Diabetes self-monitoring training:** • $0 copay
*We only cover CONTOUR™ (Ascensia) and FreeStyle (Abbott) glucose monitors, test strips, and lancets when you get them at a pharmacy. We only cover Dexcom or FreeStyle Libre therapeutic continuous glucose monitors (CGMs). These limitations apply to in-network pharmacies. We cover any brand of non-therapeutic CGM when obtained at an in-network pharmacy. The brand limitations do not apply when supplies are obtained from an in-network durable medical equipment supplier. There is a limit of 204 diabetic test strips and 204 lancets per 30 days at the in-network pharmacy.
Podiatry
For foot exams and treatment: • $0 copay for routine podiatry, up to four visits per calendar year • $25 copay for non-routine podiatry
Home Health Care[1]
• $0 copay

Covered Benefits NOTE: Services with a [1] may require prior authorization.
Horizon Specialty Care (HMO C-SNP)
Kidney Disease Education Services
• $0 copay
Meals – Home Delivered
$0 copayment for 28 home-delivered meals following discharge from an inpatient stay at a hospital or skilled nursing facility. Must be coordinated by a Horizon Care Manager. Must use our contracted vendor.
Medical Equipment/Supplies[1]
Durable Medical Equipment and related medical supplies (wheelchairs, oxygen equipment, etc.): • 20% of the cost Prosthetic devices (braces, artificial limbs, etc.): • 20% of the cost
Nurse Line
$0 copayment for a 24/7 toll-free Nurse Line, a confidential service that enables you to speak with a registered nurse to assist with health-related questions and concerns. You must use our preferred vendor.
Pulmonary Rehabilitation
• $15 copay
Renal Dialysis
• 20% of the cost
Telehealth
$0 copayment for urgent care and behavioral health visits. Must use our preferred vendor, AmWell.

Covered Benefits

NOTE: Services with a [1] may require prior authorization.

Horizon Specialty Care (HMO C-SNP)

Over-the-Counter (OTC) + Flex Benefit Allowance

Our plan provides a combined allowance of **$55** every month (up to $660 annually) towards OTC items, and Flex Benefits.

- OTC items must be purchased at participating stores or from our online catalog.
- Flex Benefit includes acupuncture visits for any condition or bathroom safety devices (from our online catalog only).
    - Funds will be available on the Horizon &more™ Card.
    - The monthly allowance does not carry over from month to month or year to year.
- **Note: If you qualify for Food and Produce and Utilities, your OTC and Flex Benefit allowance is combined with your monthly Food and Produce (Grocery) and Utilities allowance.**

OTC + Flex + Grocery + Utility

Members that qualify for SSBCI* benefits will be able to use their allowance for healthy food (grocery), utilities such as electric, water, and gas (gasoline is not included with this benefit), in addition to the OTC retail and catalog items and Flex Benefit items/services.

- Grocery 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.
- Funds will be available on the Horizon &more™ Card.
- The monthly allowance does not carry over from month to month or year to year.

*Healthy food and utilities are only available to those members who qualify for SSBCI benefits. 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 of the following chronic conditions: Diabetes Mellitus, Chronic Heart Failure, and Cardiovascular Disorders. You must also 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 eligibility and coverage criteria may apply.

Fitness Benefit

$0 copay for the Silver&Fit® Healthy Aging and Exercise Program, which includes the following:

- Fitness center membership at a participating fitness center or a YMCA near you
- Home fitness kits, well-being club resources and coaching, workout plans, digital workouts, well-being coaching, including fitness, healthy eating, stress, sleep, and weight loss, and more

Health Related Non-Emergency Transportation

$0 copay for up to 12 one-way trips, not to exceed 50 miles per trip to plan approved health locations. Must use our contracted vendor.

Prescription Drugs

Horizon Specialty Care
(HMO C-SNP)

Deductible

- $0 per year for drugs on Tiers 1, 2 and 6 only
- $375 per year for drugs on Tiers 3, 4 and 5 only

Initial Coverage

You will pay the following copayments for a one-month supply of medication when you visit an in-network pharmacy:

- **Tier 1** (Preferred Generic): $0 copay
- **Tier 2** (Generic): $9 copay
- **Tier 3** (Preferred Brand): 15% of the total cost
- **Tier 4** (Non-Preferred Drug): 35% of the total cost
- **Tier 5** (Specialty Tier): 29% of the total cost
- **Tier 6** (Select Care Drugs): $0 copay

You will pay the following copayments for a three-month supply of medication when you order from a standard mail order pharmacy:

- **Tier 1** (Preferred Generic): $0 copay
- **Tier 2** (Generic): $27 copay
- **Tier 3** (Preferred Brand): 15% of the total cost
- **Tier 4** (Non-Preferred Drug): 35% of the total cost
- **Tier 5** (Specialty Tier): Not available by mail order.
- **Tier 6** (Select Care Drugs): $0 copay

You will pay the following copayments for a three-month supply of medication when you order from a preferred mail order pharmacy:

- **Tier 1** (Preferred Generic): $0 copay
- **Tier 2** (Generic): $13.50 copay
- **Tier 3** (Preferred Brand): 15% of the total cost
- **Tier 4** (Non-Preferred Drug): 35% of the total cost
- **Tier 5** (Specialty Tier): Not available by mail order.
- **Tier 6** (Select Care Drugs): $0 copay

If you reside in a long-term care facility, you will pay the same copayment as you would at a retail pharmacy for up to a one-month supply.

Prescription Drugs
Horizon Specialty Care (HMO C-SNP)
Catastrophic Coverage Phase
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches $2,400, you pay $0 for covered prescription drugs.
Important Message About What You Pay for Insulin
You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, during the deductible and initial coverage phases.
Enhanced Prescription Drug Coverage
We cover certain prescription drugs that are not usually covered under the Medicare Part D program, including prescription cough medicine and drugs to treat erectile dysfunction. You will pay the Tier 2 copayment for these drugs. Your 2027 list of covered drugs (formulary) includes information about coverage of these drugs. We only cover the products listed in our formulary.

Horizon Healthcare of New Jersey, Inc. has a Medicare contract to offer Horizon Specialty Care (HMO C-SNP), a Chronic Condition Special Needs Plan. Enrollment in Horizon Specialty Care (HMO C-SNP) depends on contract renewal. Products are provided by Horizon Healthcare of New Jersey, Inc. 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.