



Welcome, WHEELLOCK

Member ID: 3HZN56211930



Profile & Settings

Sign Out



CLAIMS ▾

BENEFITS & COVERAGE ▾

MY ACCOUNTS ▾

WELLNESS ▾

ID CARDS

DOCTORS & CARE ▾

DOCUMENTS



### CLAIMS ▸

Check claim status, what's been paid and what you may owe for services.



### BENEFITS & COVERAGE ▸

Understand your coverage, view auths & referrals and get cost estimates.



### MY ACCOUNTS ▸

View what you've paid for services and access your health savings accounts.



### WELLNESS ▸

Access health and wellness tools, maternity programs and discounts.



### ID CARDS ▸

View, print, and order your ID Cards & Documents online.



### DOCTORS & CARE ▸

Search for a doctor or hospital, access virtual care and manage Rx or vision.

FEEDBACK

javascript:void(0)



Welcome, WHEELLOCK Member ID: 3HZN56211930

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- CLAIMS
- BENEFITS & COVERAGE
- MY ACCOUNTS
- WELLNESS
- ID CARDS
- DOCTORS & CARE
- DOCUMENTS
- SUPPORT

## Recent Claims

Recent Claims

Statements of Payment

Members	Claim Type	Start Date	End Date	Claim Number	Service Provider	FILTER
All	Medical	mm/dd/yyyy	mm/dd/yyyy			

Claim Number	Your Responsibility	Explanation of Benefits

EXPORT CLAIMS

NOTE: This medical information displayed above is within 18 months of this date; all dental information is within 24 months.

FEEDBACK



Welcome, WHEELLOCK Member ID: 3HZN56211930

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CLAIMS

**BENEFITS & COVERAGE**

MY ACCOUNTS

WELLNESS

ID CARDS

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DOCUMENTS

SUPPORT

# Benefits Overview



Benefits Overview



Plan Documents



What's Covered



Authorizations & Referrals



Treatment Cost Estimator

## Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP 3 0085196-0094

Medical

Dental

Prescription



ADD ADDITIONAL INSURANCE

## Plan Name

Preferred Provider Organization HSA Compatible

## Plan Effective Date

01/01/2016

## Members

<b>WHEELLOCK HEDLUNDXSIT</b> Subscriber   Age: 31  <b>COVERED</b> 01/01/2016	<b>AUSTIN HEDLUNDXSIT</b> Spouse / Partner   Age: 30  <b>COVERED</b> 01/01/2015	<b>RAY HEDLUNDXSIT</b> Dependent   Age: 20  <b>COVERED</b> 01/01/2015
--	---	---

FEEDBACK

javascript:void(0)

# Benefits Overview



Benefits Overview



Plan Documents



What's Covered



Authorizations & Referrals



Treatment Cost Estimator

## Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP 3 0085196-0094

Medical

Dental

Prescription



ADD ADDITIONAL INSURANCE >

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PreferredProviderOrganization

## Plan Effective Date

01/01/2017

## Members

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**BENEFITS & COVERAGE**

MY ACCOUNTS

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DOCUMENTS

**SUPPORT**

# Benefits Overview



**Benefits Overview**



Plan Documents



What's Covered



Authorizations & Referrals



Treatment Cost Estimator

## Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP 3 0085196-0094

Medical

Dental

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**ADD ADDITIONAL INSURANCE**

## Plan Name

Preferred Provider Organization HSA Compatible

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**WHEELLOCK HEDLUNDXSIT**  
Subscriber | Age: 31

**COVERED**  
01/01/2016

**AUSTIN HEDLUNDXSIT**  
Spouse / Partner | Age: 30

**COVERED**  
01/01/2015

**RAY HEDLUNDXSIT**  
Dependent | Age: 20

**COVERED**  
01/01/2015

**FEEDBACK**



Welcome, **WHEELLOCK** Member ID: **3HZN56211930**

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**BENEFITS & COVERAGE**

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## Plan Documents



Benefits Overview



**Plan Documents**



What's Covered



Authorizations & Referrals



Treatment Cost Estimator

### Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP 3  
0085196-0094

### Summary of Benefits & Coverages (SBC)

SBCs highlight what your plan covers and what you pay for covered services. Your Summary of Benefits & Coverage is available in the language(s) listed in the dropdown below.

Chinese

[SBC - Chinese - 2018](#)

PRINT

DOWNLOAD

MAIL

### Benefit Booklets

Benefit Booklets provide complete details of what your plan covers and what you pay for covered service.

[Small Group SAPD Booklet - English - 2017](#)

PRINT

DOWNLOAD

FEEDBACK

### Summary of Benefits & Coverages (SBC)

SBCs highlight what your plan covers and what you pay for covered services. Your Summary of Benefits & Coverage is available in the language(s) listed in the dropdown below.

Chinese v

- Chinese
- English
- Navajo
- Spanish
- Tagalog

PRINT DOWNLOAD MAIL

 [Small Group SAPD Booklet - English - 2017](#)

PRINT DOWNLOAD

 [Small Group SAPD Booklet - English - 2017](#)

PRINT DOWNLOAD

 [Small Group Health Booklet - English - 2017](#)

PRINT DOWNLOAD

 [Small Group Health Booklet - English - 2017](#)

PRINT DOWNLOAD

# What's Covered



Benefits Overview



Plan Documents



What's Covered



Authorizations & Referrals



Treatment Cost Estimator

## Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP 3 0085196-0094

## Plan Name

Preferred Provider Organization HSA Compatible

## Members

WHEELLOCK HEDLUNDXSIT

Medical

Dental

Prescription

Your plan offers the best value when you make more informed choices about where you receive medical care.

### Service you may need

Select A Service

SHOW COVERAGE DETAILS

CLAIMS ▾

**BENEFITS & COVERAGE** ▾

MY ACCOUNTS ▾

WELLNESS ▾

ID CARDS

DOCTORS & CARE ▾

DOCUMENTS



### Plan Name

Preferred Provider Organization HSA Compatible

### Members

 ▾

Medical

Dental

Prescription

Your plan offers the best value when you make more informed choices about where you receive medical care.

### Service you may need

 ▾

**SHOW COVERAGE DETAILS**

CLAIMS

Recent Claims

**FEEDBACK**

of Payment

MY ACCOUNTS

Out-of-Pocket Expenses

Horizon MyWay ®

DOCTORS & CARE

Doctor & Hospital Finder

Telemedicine

SUPPORT

FAQs

Email Us



Welcome, **WHEELLOCK** Member ID: **3HZN56211930**

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**SUPPORT**

# Authorizations & Referrals



Benefits Overview



Plan Documents



What's Covered



**Authorizations & Referrals**



Treatment Cost Estimator

## Members

All

Authorizations

Referrals

Authorization #	Patient Name	Referred to Provider	Referring Provider	Effective Date	End Date	Visits /Units Approved	Visits/Units Used	Status
9189991666	Wheelock Hedlundxsit	Hobokencarecentre	Newjerseyprofessionalprovider	03/26/2016	04/12/2016	4	2	APPROVED
9289991666	Austin Hedlundxsit	Hobokencarecentre	Newjerseyprofessionalprovider	03/26/2016	04/12/2016	5	2	APPROVED

FEEDBACK

Authorizations										Referrals									
Referral #	Patient Name	Referred to Provider	Referring Provider	Effective Date	End Date	Visits /Units Approved	Visits/Units Used	Status v	Confirmation Receipt										
9189991667	Wheelock Hedlundxsit	Hobokencarecentre	Newjerseyprofessionalprovider	03/26/2016	04/12/2016	1	1	APPROVED	 <a href="#">View PDF</a>										
9289991666	Austin Hedlundxsit	Hobokencarecentre	Newjerseyprofessionalprovider	03/26/2016	04/12/2016	4	2	APPROVED	 <a href="#">View PDF</a>										

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- SUPPORT

# Horizon MyWay®

Out-of-Pocket Expenses

Horizon MyWay®

## Health Saving Account(HSA)

### Save Now And For The Future

Health Savings Accounts (HSA) paired with a high-deductible health plan allows you to regularly put aside money for today's health care expenses while also investing for out-of-pocket health care costs you may incur in retirement.

Plus they have three key tax benefits:

- ✓ Contributions go in tax-free
- ✓ Balances grow tax-free
- ✓ Savings can be withdrawn tax-free for out-of-pocket health care costs

[SIGN IN TO YOUR HSA](#)

[Not Registered? Register](#)

Monday - Friday, 8:30 AM - 8:30 PM  
EST

1-800-835-5095

FEEDBACK

By clicking this button you will be leaving Horizon BCBSNJ's website.

OR

CLAIMS ▾

BENEFITS & COVERAGE ▾

MY ACCOUNTS ▾

WELLNESS ▾

ID CARDS

DOCTORS & CARE ▾

DOCUMENTS



- ✓ Contributions go in tax-free
- ✓ Balances grow tax-free
- ✓ Savings can be withdrawn tax-free for out-of-pocket health care costs

[SIGN IN TO YOUR HSA](#) ↗

Not Registered? [Register](#) ↗

By clicking this button you will be leaving Horizon BCBSNJ's website.

We are not responsible and do not control the content of this external site.

OR

Monday - Friday, 8:30 AM - 8:30 PM  
EST

**1-800-835-5095**

HSAs empower savings now and for the future:

- ✓ Money put into your HSA is not taxed and you can earn tax-free interest on HSA balances.
- ✓ You own the account and all contributions, even if you change health plans, retire or leave your employer.
- ✓ Entire HSA balance rolls over each year.

### Eligible for an HSA?

- ✓ You are covered by a high-deductible health plan and have no other health coverage, such as other health plan, Medicare, military health benefits, medical FSAs.
- ✓ You cannot be claimed as a dependent on another person's tax return.



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## NJWELL & Retiree Wellness

- NJWELL & Retiree Wellness
- My Health Manager
- Savings & Balance Living

### Rewarding active members and retirees for healthy living

Earn financial rewards with NJWELL or the SHBP Retiree Wellness Program.

NJWELL

Retiree Wellness

You can earn a \$250 prepaid card for completing health and wellness activities.

NJWELL promotes and rewards actively employed SHBP/SEHBP members and covered spouses/partners for completing an online health assessment, a biometric health screening and other wellness activities. The program runs each year from November 1 to October 31.

Begin now by following the steps below or click the GO TO NJWELL button for more details. Please note that the Health Assessment (Step 1) and the Biometric Health Screening (Step 2) are required activities.

[GO TO NJWELL](#)

FEEDBACK

javascript:void(0)

# My Health Manager



## Identify Your Risk Areas So You Can Better Manage your Health

My Health Manager is a personalized, secure and confidential health tool, powered by WebMD®, that delivers content tailored to your needs and interests.

[GO TO MY HEALTH MANAGER](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

The Health Assessment tool is an easy, interactive way to get information about your personal health status, including a health score.

[TAKE THE HEALTH ASSESSMENT](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

My Health Manager offers the following free programs to help you achieve your best level of health:

- ✓ [Enjoy Exercise Program](#)  
Track your daily exercise to help ensure you are getting regular physical activity.
- ✓ [Eat Better Program](#)  
Get in the habit of following the federal healthy nutrition guidelines.
- ✓ [Feel Happier Program](#)  
Track your mood as you identify activities that make you happier.
- ✓ [Conquer Stress Program](#)  
See if you can reach a goal of "low stress" on at least 21 of 28 days.

[FEEDBACK](#)

[Tobacco](#)



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## My Health Manager

- NJWELL & Retiree Wellness
- My Health Manager**
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FEEDBACK



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- SUPPORT

## Savings & Balance Living

- NJWELL & Retiree Wellness
- My Health Manager
- Savings & Balance Living

### Resources to help you achieve your best level of health

Learn more about the additional programs you have access to as a Horizon BCBSNJ member.

#### Healthy Discounts

Blue365<sup>®</sup> is our member discount program, offering special savings, deals of the week, and resources to help you lead a healthy life.

[GO TO BLUE365 DEALS](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

With Blue365 you can save on:

- ✓ Cookbooks, meal plans and nutrition programs
- ✓ Fitness clothing and equipment
- ✓ Child safety products
- ✓ Health magazines

FEEDBACK

#### HorizonbFit

HorizonbFit rewards eligible Horizon BCBSNJ members for making their health and fitness a priority. Enrolling is free and easy for eligible members at HorizonbFit.com.

[GO TO HORIZON BFIT](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

After you are enrolled in HorizonbFit:

- ✓ You become eligible to receive a \$20 reward for every month in which you make at least 12 visits to any of the 4,000 participating facilities across the country.

## Resources to help you achieve your best level of health

Learn more about the additional programs you have access to as a Horizon BCBSNJ member.

### Healthy Discounts

Blue365® is our member discount program, offering special savings, deals of the week, and resources to help you lead a healthy life.

[GO TO BLUE365 DEALS](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

With Blue365 you can save on:

- ✓ Cookbooks, meal plans and nutrition programs
- ✓ Fitness clothing and equipment
- ✓ Child safety products
- ✓ Health magazines
- ✓ Glasses and contacts

### Horizon Balance Living

Our work-life balance program can connect you with services to help you manage the challenges of daily life.

FEEDBACK

### HorizonbFit

HorizonbFit rewards eligible Horizon BCBSNJ members for making their health and fitness a priority. Enrolling is free and easy for eligible members at HorizonbFit.com.

[GO TO HORIZON BFIT](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

After you are enrolled in HorizonbFit:

- ✓ You become eligible to receive a \$20 reward for every month in which you make at least 12 visits to any of the 4,000 participating facilities across the country.
- ✓ You can track your facility visits, access your incentive payment information and download the ActiveFit TM app for using HorizonbFit on the go.



Welcome, **WHEELLOCK** Member ID: **3HZN56211930**

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- DOCUMENTS
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## ID Cards

**Group Name**  
HORIZON HEALTHCARE SERVICES, INC - DEP 3 - 00851960094

**Members**  
All Members

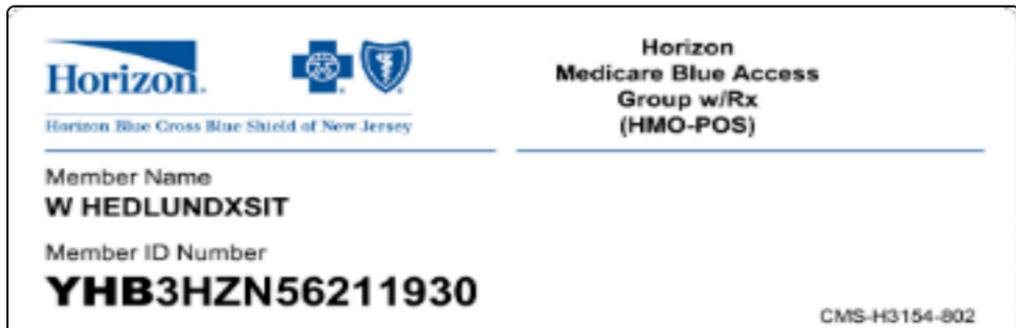
**Card Type**  
Medical Plan

**Plan Name:** Preferred Provider Organization HSA Compatible

[PRINT](#) [DOWNLOAD](#) [NEW CARD](#)

**This ID card is for:**  
WHEELLOCK HEDLUNDXSIT  
AUSTIN HEDLUNDXSIT  
RAY HEDLUNDXSIT

**This ID Card is the same for all Members.**



FEEDBACK

# ID Cards

### Group Name

HORIZON HEALTHCARE SERVICES, INC - DEP 3 - 00851960094

### Members

All Members

### Card Type

Medical Plan ▼

Plan Name: Preferred Provider Organization HSA Compatible

PRINT

DOWNLOAD

NEW CARD

### This ID card is for:

WHEELLOCK HEDLUNDXSIT  
AUSTIN HEDLUNDXSIT  
RAY HEDLUNDXSIT

This ID Card is the same for all Members.



The ID card preview shows the following information:

- Horizon logo and "Horizon Blue Cross Blue Shield of New Jersey" text.
- Member Name: **W HEDLUNDXSIT**
- Member ID Number: **YHB3HZN56211930**
- Plan Name: **Horizon Medicare Blue Access Group w/Rx (HMO-POS)**
- Group Number: **94-85196**
- Effective Date: **06/19/2017**
- BC/BS Plan Codes: **280/780**
- Issuer (80840): **280/780**
- RxBIN: **016499**
- RXPCN: **HMOPOSNJG**
- RXGRP: **RXHRZN**
- RxID: **3HZN56211930**
- Additional text: **MedicareRx** and **MEDICARE ADVANTAGE POS**

ENLARGE

FLIP

FEEDBACK

## ID Cards

Group Name  
HORIZON HEALTHCARE SERVICES, INC

Members

All Members

Plan Name: Preferred Provider Organ

This ID card is for:

WHEELLOCK HEDLUNDXSIT  
AUSTIN HEDLUNDXSIT  
RAY HEDLUNDXSIT

FEEDBACK



**Horizon**  
Horizon Blue Cross Blue Shield of New Jersey

**Horizon Medicare Blue Access Group w/Rx (HMO-POS)**

---

Member Name  
**W HEDLUNDXSIT**

Member ID Number  
**YHB3HZN56211930**

CMS-H3154-802

---

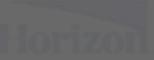
GROUP NUMBER	<b>94-85196</b>	RXBIN	<b>016499</b>
EFFECTIVE DATE	<b>06/19/2017</b>	RXPCN	<b>HMOPOSNJG</b>
BC/BS PLAN CODES	<b>280/780</b>	RXGRP	<b>RXHRZN</b>
ISSUER (80840)		RxID	<b>3HZN56211930</b>

---

**MedicareRx**  
Prescription Drug Coverage

**MEDICARE ADVANTAGE POS**

FLIP



**Horizon**  
Horizon Blue Cross Blue Shield of New Jersey

**Horizon Medicare Blue Access Group w/Rx (HMO-POS)**

---

Member Name  
**W HEDLUNDXSIT**

Member ID Number  
**YHB3HZN56211930**

CMS-H3154-802

# ID Cards

Group Name  
HORIZON HEALTHCARE SERVICES, INC

Members  
All Members

Plan Name: Preferred Provider Organ

This ID card is for:  
WHEELLOCK HEDLUNDXSIT  
AUSTIN HEDLUNDXSIT  
RAY HEDLUNDXSIT



Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.  
**PROVIDERS MUST NOT BILL MEDICARE.**  
MA POS products are provided by Horizon Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.  
Insured by Horizon Insurance Company.

**HorizonBlue.com**

Member Services:	1-800-365-2223
Medical TTY:	711
Pharmacy Services:	1-800-391-1906
Pharmacy TTY:	711
Dental Services:	1-800-433-6825
Behavioral Health:	1-800-626-2212
24/7 Nurse Line:	1-800-711-5952
Lab Services in NJ:	1-800-845-6167
Emergency Services:	911

For services rendered in NJ, submit medical claims to:  
Horizon Healthcare of NJ, Inc.  
PO Box 1609  
Newark, NJ 07101-1609

Submit Rx claims to:  
Prime Therapeutics LLC:  
P.O. BOX 20970  
Lehigh Valley, PA 18002-0970

**PRIME THERAPEUTICS**

AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.

FLIP

DOWNLOAD NEW CARD

for all Members.



Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.  
**PROVIDERS MUST NOT BILL MEDICARE.**  
MA POS products are provided by Horizon Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.  
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**HorizonBlue.com**

Member Services:	1-800-365-2223
Medical TTY:	711
Pharmacy Services:	1-800-391-1906
Pharmacy TTY:	711
Dental Services:	1-800-433-6825
Behavioral Health:	1-800-626-2212
24/7 Nurse Line:	1-800-711-5952
Lab Services in NJ:	1-800-845-6167
Emergency Services:	911

For services rendered in NJ, submit medical claims to:  
Horizon Healthcare of NJ, Inc.  
PO Box 1609  
Newark, NJ 07101-1609

FEEDBACK

<b>CLAIMS</b> Recent Claims Statements of Payment	<b>MY ACCOUNTS</b> Out-of-Pocket Expenses Horizon MyWay®	<b>DOCTORS &amp; CARE</b> Doctor & Hospital Finder Telemedicine Pharmacy Vision Behavioral Health	<b>SUPPORT</b> FAQs Email Us Chat With Us Call Us 24/7 Nurse Line
<b>BENEFITS &amp; COVERAGE</b> Benefits Overview Plan Documents What's Covered Authorizations & Referrals Treatment Cost Estimator	<b>WELLNESS</b> NJWELL & Retiree Wellness My Health Manager Savings & Balance Living	<b>DOCUMENTS</b> Document Center	<b>NEW FEATURES</b> New Features

# Pharmacy



## Helping you get the medicine you need to feel better and live well

Managing pharmacy benefits means more than just managing pharmacy costs. We look at the big picture — medical, pharmacy and clinical — to give an unparalleled pharmacy experience.

[GO TO YOUR PRIME THERAPEUTICS](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

### Available 24/7

**1-800-370-5088**

We work with our pharmacy benefits manager, Prime Therapeutics, to bring you care that offers:

- ✓ Refill, renew and transfer prescriptions to PrimeMail
- ✓ Check order status
- ✓ Review your prescription history and cost information

[FEEDBACK](#) pharmacies in your network



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# Vision



Doctor & Hospital Finder



Telemedicine



Pharmacy



Vision



Behavioral Health

## Your Davis Vision eye care plan

We are pleased to provide you with information on your vision benefits to help you care for your vision and eye health – a key part of overall health and wellness! Your vision plan is through Davis Vision, with a participating network of independent vision professionals and retailers in New Jersey.

[SIGN IN TO DAVIS VISION](#)

Not Registered? [Register to Davis Vision](#)

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## Horizon Vision Member Services

**1-800-278-7753**

FEEDBACK

vis Vision website, you will be able to:



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- DOCUMENTS
- SUPPORT

## Behavioral Health

- Doctor & Hospital Finder
- Telemedicine
- Pharmacy
- Vision
- Behavioral Health**

### Comprehensive behavioral health and wellness resources

Our comprehensive behavioral health and wellness resources help ensure your medical and behavioral health are integrated to help you better manage all aspects of your health.

[GO TO HORIZON BEHAVIORAL HEALTH](#)

By clicking this button you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of this external site.

### 24/7 Help Line

**1-800-626-2212**

Our Horizon Behavioral Health <sup>SM</sup> program offers:

- ✓ Support online and by phone.

**FEEDBACK** to help you understand your care options.

- Benefits & Coverage
- Claims
- Tax Documents
- Forms

**Group Name**

Active - HORIZON HEALTHCARE SERVICES, INC - DEP  
3 0085196-0094

**Summary of Benefits & Coverages (SBC)**

SBCs highlight what your plan covers and what you pay for covered services.

 [SBC - Chinese - 2018](#)

 [SBC - English - 2017](#)

 [SBC - Navajo - 2018](#)

 [SBC - Spanish - 2018](#)

 FEEDBACK

[SBC - Spanish - 2017](#)



Welcome, WHEELLOCK Member ID: 3HZN56211930

Profile & Settings Sign Out



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## Document Center

Benefits & Coverage

Claims

Tax Documents

Forms

### Group Name

Active - HORIZON HEALTHCARE SERVICES, INC - DEP  
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### Summary of Benefits & Coverages (SBC)

SBCs highlight what your plan covers and what you pay for covered services.

 [SBC - Chinese - 2018](#)

[SBC - English - 2017](#)

FEEDBACK

- Benefits & Coverage
- Claims**
- Tax Documents
- Forms

**Plan Year**

All ▾

**NOTE:** The MEDICAL documents displayed are from the past 18 months

**NOTE:** The DENTAL documents displayed are from the past 24 months

**Explanation of Benefits (EOB)**

After you visit your participating doctor or other health care professional, they will submit your claim to us. Once we process your claim, you will receive an EOB. Your EOB will show you what we paid to your doctor or other health care professional and what you may still owe (e.g., deductibles, coinsurance or copayments). To learn more view [Understanding Your Explanation of Benefits \(PDF\)](#)

-  [EOB - Medical - 02/01/2019](#) 🔍
-  [EOB - Medical - 02/01/2019](#) 🔍
-  [EOB - Medical - 02/01/2019](#) 🔍
-  [EOB - Medical - 02/01/2019](#) 🔍

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## Get Your 1095-B Form

Form 1095-B shows the months in a calendar year that you, and your spouse and/or dependents, had minimum essential coverage from Horizon BCBSNJ. Form 1095-B is informational; you do not need to attach this form to your return when filing your income tax.

Disclaimer: Please note that Horizon BCBSNJ's provision of links to third-party websites does not imply approval of the listed destinations, warrant the accuracy of any information in those destinations, constitute endorsement of the entities to whose sites the links are made, or endorse any of the opinions expressed on any of these outside websites. These external websites operate under the auspices and at the direction of their respective owners and you will be subject to the destination website's privacy policy when you leave the Horizon BCBSNJ website.

I have read and agree to the above Terms & Conditions in order to Get my 1095-B Form

[VIEW 1095-B FORM](#)

We are not responsible and do not control the content of these external sites  
By clicking on this button, you will be leaving Horizon BCBSNJ's website.



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### Go to Horizonblue.com

Search for forms by plan type and more by clicking the GO TO HORIZONBLUE.COM button. Know what form you need? Just follow the links below.

[GO TO HORIZONBLUE.COM](#)

### You can view the following form types:

[Appeal / Dispute Forms](#)

Request reconsideration of a prior decision.

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[Authorization Forms](#)



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# FAQs

- FAQs
- Email Us
- Chat With Us
- Call Us

## Find answers by topic

Most Frequent Questions

- Q. How can I tell if my claim was processed as in network?
- Q. How can I see how much I owe and how much was paid on my claim?
- Q. How can I update my information about additional insurance/coordination of benefits so I know my claim will be processed correctly?
- Q. test 5820
- Q. Are services covered at an outpatient facility?
- Q. I recently changed my coverage. How can I see my updated information?
- Q. When can I change my coverage?

FEEDBACK

### Find answers by topic

Most Frequent Questions 

#### Q. How can I tell if my claim was processed as in network?

A. You can check the status of your claim and how your claim was processed, by signing in to Member Online Services. Then:

1. Click Claims.
2. Then click Recent Claims, then View PDF to see the details of your claim contained in the Explanation of Benefits (EOB).
3. If the EOB is unavailable, click Claim Details to view details.

You will be able to see the amount the provider submitted, the amount Horizon BCBSNJ paid and any amount you are responsible for, if applicable. Remember when you stay in network you get the most from your benefits and usually pay less out of pocket. Use our [Doctor & Hospital Finder](#) to find a participating doctor, hospital or other health care professional near you.

Was this helpful?

YES

NO

### Members Who Asked This Also Asked?

[Why was my claim for services denied for being out of network?](#)

[Why was my claim not paid?](#)

[Why did you pay me and not my doctor?](#)

[How can I see how much I owe and how much was paid on my claim?](#)

[claim from my doctor been processed? I received a bill for services in the mail and I don't know what to do with it.](#)

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## Email Us



FAQs



**Email Us**



Chat With Us



Call Us

**Please Note:** Email Us is for medical coverage questions only. Have a question about behavioral health, prescription, dental or vision coverage? Go to [Contact Us](#).

**NEW MESSAGE** >

Select all

Ticket Number	Category	Subject	Sent	Status
<input type="checkbox"/> Z-000002109	Benefits	Test	05/23/2018	In Progress
<input type="checkbox"/> Z-000001864	Benefits	Test	04/28/2018	In Progress
<input type="checkbox"/> Z-000001844	Claims	Test	04/26/2018	In Progress

**FEEDBACK**

# New Message

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< Inbox

**Please Note:** Email Us is for medical coverage questions only. Have a question about behavioral health, prescription, dental or vision coverage? Go to [Contact Us](#).

## Category

## Subject

## Your Message

To help us better answer your question, please include the following important information, as applicable. Member ID number, patient name, claim number, date of service, provider name, or account number, if related to a premium question.

1000 Characters remaining

**SEND**

 **FEEDBACK**



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## New Message



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Email Us



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< Inbox

**Please Note:** Email Us is for medical coverage questions only. Have a question about behavioral health, prescription, dental or vision coverage? Go to [Contact Us](#).

### Category

Select Category



### Subject

### Your Message

To help us better answer your question, please include the following important information, as applicable. Member ID number, patient name, claim number, date of service, provider name, or account number, if related to a premium question.

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## Chat With Us



FAQs



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Chat With Us



Call Us

### Chat is available for members

Monday - Wednesday, Friday 8:00 AM to 5:00 PM EST  
Thursday 9:00 AM to 5:00 PM EST

[START CHAT](#)

**NOTE:** This tool is only available to members with questions about medical benefits. Please do not copy and paste content into any text boxes. [Learn more](#) about who to contact about questions related to behavioral health, prescription, dental, vision, pain management or enrolling in a new plan

**NOTE:** To help us better answer your question, please have the following important information available, as applicable: Member ID number, patient name, claim number, date of service, provider name, or account number, if related to a premium question.

**NOTE:** Horizon BCBSNJ will save a copy of your chat session for quality assurance and training purposes.

 FEEDBACK



Welcome, **WHEELLOCK**

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**Call Us**



FAQs



Email Us



Chat With Us



Call Us

For faster call processing, please keep your member ID ready.

Your Member ID is **3HZN56211930**

**1-800-414-7427**

Monday: 8:00 am - 6:00 pm

Tuesday: 8:00 am - 6:00 pm

Wednesday: 8:00 am - 6:00 pm

Thursday: 8:00 am - 6:00 pm

Friday: 8:00 am - 6:00 pm

Or call the number on the back of your membership card

**NOTE:** To help us better answer your question, please have the following important information available, as applicable:

Member ID number, patient name, claim number, date of service, provider name, or account number, if related to a premium question.

**FEEDBACK**



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## Profile & Settings

### Profile

Personal Information

#### **Primary Care Physician**

Update SSN

Update Additional Insurance

### Privacy and Security

Sign In & Security

### Communication

Paperless Settings

## Primary Care Physician (PCP)

Your medical plan requires that you select a Primary Care Physician or PCP. A PCP is your partner in everyday, preventive care, as well as the coordinator of any specialized care you may need. Once you select a PCP, it can take up to **48 hours** before being updated on Member Online Services. You'll receive an email confirmation once this process is completed.

**Member**

**Primary Care Physician**

Not Selected

[Select Doctor](#)



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## Profile & Settings

### Profile

- Personal Information
- Primary Care Physician
- Update SSN**
- Update Additional Insurance

### Privacy and Security

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### Update SSN

Horizon BCBSNJ is required under the Affordable Care Act to provide information about your health insurance coverage to the Internal Revenue Service (IRS) using your Social Security Number (SSN) and the SSNs of any individuals covered under your policy. By Clicking the link below, you will be redirected to a third-party website that Horizon BCBSNJ has contracted with for the collection of SSNs. Your information is secure and will be kept confidential.

I have read and agree to the above Terms & Conditions in order to use Update My Social Security Number

UPDATE MY SOCIAL SECURITY NUMBER

By clicking on these buttons, you will be leaving Horizon BCBSNJ's website. We are not responsible and do not control the content of these external sites

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## Profile & Settings

### Profile

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Update SSN

#### Update Additional Insurance

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## Update Additional Insurance

Do you or someone covered under your Horizon BCBSNJ policy have medical coverage with another carrier?

YES

NO

SUBMIT



# Profile & Settings

## Profile

- Personal Information
- Primary Care Physician
- Update SSN

## Update Additional Insurance

## Privacy and Security

- Sign In & Security

## Communication

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FEEDBACK

## Update Additional Insurance

Do you or someone covered under your Horizon BCBSNJ policy have medical coverage with another carrier?

- YES  NO

Choose which member(s) you would like to add additional coverage for below:

- Select all members
- WHEELLOCK HEDLUNDXSIT
- AUSTIN HEDLUNDXSIT
- RAY HEDLUNDXSIT

Choose which type of additional coverage you would like to update below:

- MEDICAL  DENTAL



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#### Paperless Settings

### Paperless Settings

When you choose to go paperless, you will receive an email notification at [eric\\_lharris@horizonblue.com](mailto:eric_lharris@horizonblue.com) ([change email](#)) each time a new document is available in Member Online Services. To go paperless, select ELECTRONIC below. If you keep the Paper option, you will continue to receive your documents via U.S. mail.

	PAPER (U.S. mail)	ELECTRONIC (Email Notifications)
<b>Medical Claim Documents</b> Explanation of benefits (EOBs)	<input checked="" type="radio"/>	<input type="radio"/>
<b>Dental Claim Documents</b> Explanation of benefits (EOBs)	<input type="radio"/>	No Electronic Access

