



CARRIER NAME: HORIZON LOCAL 54

CARRIER CODE: BL008

**ALL OTHER LOCALS WITH PO BOX 1219 ADDRESS SHOULD BE REGISTERED
UNDER CARRIER CODE HO627**

	BlueCross BlueShield	HORIZON DIRECT ACCESS	UNITE HERE HEALTH
Member Name [REDACTED]		PCP OFFICE VISITS \$20	
Member ID Number [REDACTED]		*SPECIALIST WITH REFERRAL \$40	
UXI [REDACTED]		EMERGENCY ROOM \$200	
		OP HOSPITAL SURGERY \$200	
		FREE STANDING X-RAY/ULTRA \$50	
		OP HOSPITAL X-RAY/ULTRA \$150	
		FREE STANDING IMAGING \$100	
		OP HOSPITAL IMAGING \$350	
		*Specialist copay without referral \$75.	
GROUP NUMBER 76141-0000			
CONTRACT TYPE FAMILY			
BC/BS PLAN CODES 280/780			
			

		www.horizonblue.com/nationalaccounts
Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.		For Member Use Only
Members: See your plan document for covered services. Possession of this card does not guarantee eligibility for benefits.		Atlantic City Fund Office: 1-888-437-3480
Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.		Provider Locator: 1-800-810-2583
Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.		Davis Vision: 1-800-999-5431
		Behavioral Health: 1-866-248-4094
		Dental (Benecare*): 1-800-843-4727
		For Medical Provider Use Only
		Utilization Management: 1-866-899-0626
		Provider Services: 1-888-456-7910
		Advanced Radiology Precert: 1-866-496-6200
		*Visit uhh.org to add specialist referrals.
		UNITE HERE HEALTH contracts directly with Benecare.
		Claim Filing Instructions:
		HORIZON BCBSNJ
		PO BOX 1219
		NEWARK, NJ 07101-1219