

**FUJI CARRIER NAME: HORIZON BC/BS**

**CARRIER CODE: BL001**

**AMI IS TIER 1 WITH PLANS**

  																																					
<small>Horizon Blue Cross Blue Shield of New Jersey</small>																																					
<b>L STONES</b>																																					
Member ID Number																																					
<b>YKF3HZN12345678</b>																																					
<a href="http://HorizonBlue.com">HorizonBlue.com</a>																																					
<table border="1"><thead><tr><th></th><th>OMNIA TIER 1</th><th>TIER 2</th></tr></thead><tbody><tr><td>GROUP NUMBER</td><td>00-88888</td><td></td></tr><tr><td>CONTRACT TYPE</td><td>FAMILY</td><td></td></tr><tr><td>RXBIN</td><td>016499</td><td></td></tr><tr><td>RXPCN</td><td>HZR</td><td></td></tr><tr><td>RXGRP</td><td>0888880000</td><td></td></tr><tr><td>FAMILY DEDUCTIBLE</td><td>\$0.00</td><td>\$5000.00</td></tr><tr><td>COINSURANCE</td><td>0%</td><td>50%</td></tr><tr><td>OFFICE VISIT</td><td>\$30.00</td><td>50%</td></tr><tr><td>SPECIALIST VISIT</td><td>\$50.00</td><td>50%</td></tr><tr><td>EMERGENCY ROOM</td><td>\$100.00</td><td>\$100.00</td></tr><tr><td>INPATIENT HOSP CO-PAY</td><td>\$500.00</td><td>50%</td></tr></tbody></table>			OMNIA TIER 1	TIER 2	GROUP NUMBER	00-88888		CONTRACT TYPE	FAMILY		RXBIN	016499		RXPCN	HZR		RXGRP	0888880000		FAMILY DEDUCTIBLE	\$0.00	\$5000.00	COINSURANCE	0%	50%	OFFICE VISIT	\$30.00	50%	SPECIALIST VISIT	\$50.00	50%	EMERGENCY ROOM	\$100.00	\$100.00	INPATIENT HOSP CO-PAY	\$500.00	50%
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<small>Horizon Blue Cross Blue Shield of New Jersey</small>	
Hospitals or Providers:	
File claims with local Blue Cross and/or Blue Shield Plan:	
Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.	
This member has no benefits outside of New Jersey.	
Insured by Horizon Blue Cross Blue Shield of New Jersey.	
Member Services:	1-800-355-2583
Behavioral Health Services:	1-800-626-2212
Emergency Services:	911
Pharmacy Member Services:	1-800-370-5088
24/7 Nurse Line:	1-888-624-3096
Prior Authorization:	1-800-664-2583
Pharmacists:	1-877-686-6875
Horizon CareOnline:	Horizon.Amwell.com
Vision Services:	1-800-278-7753

OMNIA Health Plan ID cards may include one of the following prefixes:

**YKS** (off exchange)\*

**YKF** (on exchange)

**NJO** (SHBP OMNIA Health Plan offering)