

# FUJI CARRIER NAME: HORIZON BC/BS

Carrier Code: BL001

PO BOX 1609

## FRONT



HORIZON <sup>5</sup>  
ADVANTAGE  
EPO

<sup>1</sup> Member Name	INN PREVENTIVE CARE 100%	
	OFFICE VISIT:	\$20.00 <sup>6</sup>
	SPECIALIST:	\$40.00
	EMERGENCY ROOM:	\$100.00
<sup>2</sup> Member ID Number	INN SINGLE DEDUCTIBLE:	\$1500.00
<b>YKQ3HZN012345678</b>	INN COINSURANCE:	70%/30%

GROUP NUMBER	61-80599	RXBIN	016499
CONTRACT TYPE	SINGLE	<sup>3</sup> RXPCN	HZRX ISSUER(80840)
EFFECTIVE DATE	10/01/2018	RXGRP	0805990061
BC/BS PLAN CODES	280/780		

<sup>4</sup> PCP Name Jane Doe



## BACK



<sup>8</sup> Hospitals or Providers: File claims with local Blue Cross and/or Blue Shield Plan.

Members: See your Benefit Booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association.

<sup>9</sup> Insured by Horizon BCBSNJ.

[www.horizonblue.com](http://www.horizonblue.com) <sup>10</sup>

Member Services:	1-800-355-2583 <sup>11</sup>
Behavioral Health Services:	1-800-626-2212
Pharmacy Member Services:	1-800-370-5088
24/7 Nurse Line:	1-888-624-3096
Prior Authorization:	1-800-664-2583
Provider Services:	1-800-624-1110
Advanced Radiology Precert:	1-866-496-6200
Pharmacy Benefits:	1-877-686-6875

OUT OF NETWORK SERVICES ARE NOT ELIGIBLE.