

Understanding Your Premium Bill

A New Look to Your Bill

Understanding your health insurance information and what you are paying is an important step in managing your health care. Horizon Blue Cross Blue Shield of New Jersey is committed to giving you the information you need to understand your benefits. This guide will help you understand your premium bill.

A. Account # This is the number you will need to use when paying your premiums online. To pay online, sign in to Member Online Services at HorizonBlue.com/members.

B. Due Date This is the day your payment is due. Please send your payment before the due date shown on the bill to allow for time to process and post to your account.

C. Summary of Transactions This section shows your previous balance, any payments Horizon BCBSNJ has already received and the amount of money the federal government is providing to help you pay for your health insurance, if applicable.

D. Pay this Amount This is the total amount you owe Horizon BCBSNJ at the time this invoice was processed. A payment made after the date on the invoice may not be shown. To get your current balance, please sign in to Member Online Services at HorizonBlue.com/members and click *Pay Bill* under the *Billing Overview* tab.

IMPORTANT: KEEP THIS PORTION OF BILL

Horizon Blue Cross Blue Shield of New Jersey

Independent Licensee of the Blue Cross and Blue Shield Association

ACCOUNT #: 333333333
INVOICE #: 333333333

STATEMENT DATE: 03/10/2014
PAYMENT DUE DATE: 04/01/2014

SUMMARY OF TRANSACTIONS
Horizon Advantage Exclusive Provider Organization (EPO)

DATE:	DESCRIPTION:	AMOUNT:	
03/04/2014	Previous Balance	\$588.50	
	Payment Received, Thank You	\$588.50	CREDIT
Total Past Due:		\$0.00	
03/10/2014	Premium Amount (04/01/2014 - 04/30/2014)	\$1,312.34	
03/10/2014	Subsidy (04/01/2014 - 04/30/2014)	\$599.30	CREDIT
03/10/2014	Policy Changes (3/31/2014)	\$124.54	
Total Current Balance:		\$838.18	
Pay This Amount:		\$838.18	

IMPORTANT NOTICE:

- Subsidy shown above is the amount the federal government contributes to your total premium amount.
- Policy changes may include the addition or removal of dependents, benefit plan changes, etc.
- Please visit us online at HorizonBlue.com/Members to review your claims, benefits and more.

YOU CAN MAKE A PAYMENT:

- Online - Sign into HorizonBlue.com/Members and use your 9 digit account number
- By Phone - Call 1-888-718-2605
- By Mail - Send payment stub and check payable to Horizon Blue Cross Blue Shield of NJ
- Please note a \$2.5 fee will be incurred for all payments returned to Horizon BCBSNJ

-----Perforation coupon below-----

HorizonBlue.com/Members

Horizon Blue Cross Blue Shield of New Jersey

INDEPENDENT LICENSEE OF THE BLUE CROSS AND BLUE SHIELD ASSOCIATION

Pay this Amount
\$838.18

11PP-06N SEQ # 11111

ATTN: Joan Smith
3 Penn Plaza East
Newark, NJ 07105

STATEMENT DATE: 03/10/2014
ACCOUNT #: 333333333
INVOICE #: 333333333

Due Date
04/01/2014

Amount Enclosed

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10193
NEWARK, NJ 07101-3117

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You can pay your premium payment online using your credit card or checking account number. Simply register for and sign in to Member Online Services at HorizonBlue.com/members and click *Pay Bill* under the *Billing Overview* tab. You can also use Member Online Services to check the status of a claim, change your Primary Care Physician, print an ID card and more.

If you already made your payment, please disregard the enclosed bill.

¿Necesita ayuda para entender su factura en español (Spanish)? Llame al **1-855-477-AZUL (2985)** para hablar con un representante que hable español (Spanish).

Darle la vuelta para ver el español (Spanish)

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Cómo entender la factura de su prima

La nueva apariencia de su factura

Entender la información de su seguro médico y lo que está pagando es un paso importante para administrar su cuidado de su salud. Horizon Blue Cross Blue Shield of New Jersey está comprometida con darle la información que necesita para entender sus beneficios. Esta guía le ayudará a entender la factura de su prima.

- A. N.º de cuenta** Este es el número que tendrá que usar cuando paga sus primas en línea. Para pagar en línea, ingrese a Servicios en línea para miembros en HorizonBlue.com/members.
- B. Fecha de vencimiento** Este es el día que se vence su pago. Envíe su pago antes de la fecha de vencimiento que se muestra en la factura para dar tiempo para procesarlo y publicarlo en su cuenta.
- C. Resumen de operaciones** Esta sección muestra su saldo anterior, cualquier pago que Horizon BCBSNJ ya haya recibido y el monto de dinero que el gobierno federal está brindándole para ayudarlo a pagar su seguro médico, si corresponde.
- D. Pague esta cantidad** Este es el monto total que usted le debe a Horizon BCBSNJ al momento de procesar esta factura. Es posible que no se muestre un pago que se haga después de la fecha de la factura.

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Horizon Blue Cross Blue Shield of New Jersey
Independent Licensee of the Blue Cross and Blue Shield Association

A ACCOUNT #: 333333333
INVOICE #: 333333333

B STATEMENT DATE: 03/10/2014
PAYMENT DUE DATE: 04/01/2014

SUMMARY OF TRANSACTIONS
Horizon Advantage Exclusive Provider Organization (EPO)

DATE:	DESCRIPTION:	AMOUNT:	
03/04/2014	Previous Balance	\$588.50	
	Payment Received, Thank You	\$588.50	CREDIT
Total Past Due:		\$0.00	
03/10/2014	Premium Amount (04/01/2014 - 04/30/2014)	\$1,312.34	
03/10/2014	Subsidy (04/01/2014 - 04/30/2014)	\$599.00	CREDIT
03/10/2014	Policy Changes (3/31/2014)	\$124.84	
Total Current Balance:		\$838.18	
D Pay This Amount:		\$838.18	

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YOU CAN MAKE A PAYMENT:

- Online - Sign into HorizonBlue.com/Members and use your 9 digit account number
- By Phone - Call 1-888-778-2005
- By Mail - Send payment stub and check payable to Horizon Blue Cross Blue Shield of NJ
- Please note a \$25 fee will be incurred for all payments returned to Horizon BCBSNJ

Perforation coupon below

HorizonBlue.com/Members

STATEMENT DATE: 03/10/2014
ACCOUNT #: 333333333
INVOICE #: 333333333

Pay this Amount
\$838.18
HIPP-06N SEQ # 11111

Due Date
04/01/2014

Amount Enclosed

ATTN: Joan Smith
3 Penn Plaza East
Newark, NJ 07105

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10193
NEWARK, NJ 07101-3117

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Si ya realizó su pago, omita la factura adjunta.

¿Necesita ayuda para entender su factura en español (Spanish)? Llame al **1-855-477-AZUL (2985)** para hablar con un representante que hable español (Spanish).

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