



Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

J203572 141 002/004

July 31, 2019

Group Benefits Administrator
BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE
240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0025, 0026, 0027, 0030, 0031, 0032

Dear Group Benefits Administrator:

Enclosed is an amendment regarding changes in the Summary of Covered Services and Supplies section of your group's policy/booklet.

Please distribute a copy of this amendment to your covered employees.

If you have questions about your group's benefits, please call **1-800-225-1955**. Our representatives are available to help you Monday through Wednesday and Friday, from 8 a.m. to 6 p.m., Eastern Time (ET), and Thursday from 9 a.m. to 6 p.m., ET.

We look forward to continuing to serve your insurance needs.

Sincerely,

Christopher M. Lepre
Executive Vice President
Commercial Business Unit

Enclosure

AUG 19 2019

RECEIVED



HORIZON HEALTHCARE SERVICES, INC.
(Digital Tomosynthesis)

Policyholder	Policy No.	Rider No.	Effective Date
BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE	08511C-0025, 0026, 0027, 0030, 0031, 0032	Digital Tomosynthesis	Upon renewal on or after August 1, 2018

J203572 141 003/004

As of the above Effective Date, the Policy/Booklet is changed as follows:

- I. Part "j. Mammography" in the subsection "Preventive Care" in the "Summary of Covered Services and Supplies" is hereby modified by removal of the term "female".
- II. Part "j. Mammography" in the subsection "Preventive Care" in the "Summary of Covered Services and Supplies" is hereby modified by the addition of the following:


5. Digital Tomosynthesis Charges

This Policy/Booklet covers charges for digital tomosynthesis to detect or screen for breast cancer and for diagnostic purposes as follows:

- a) When used for detection and screening for breast cancer in a Covered Person age 40 years and older, Horizon BCBSNJ covers charges for digital tomosynthesis as Preventive Care which means they are covered without application of any Copayment, Deductible and/or Coinsurance, as applicable.

All other benefits and terms of the Policy/Booklet not changed by this Rider remain in full force and effect. Attach this Rider to the Policy/Booklet.

HORIZON HEALTHCARE SERVICES, INC.

By: 
Executive Vice President
Commercial Business Unit



Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g. qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. **Horizon BCBSNJ's Civil Rights Coordinator** can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address: **Horizon BCBSNJ**

Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación.

如果您讲英语以外的语言，可获取免费帮助。请拨打您的身份证背面的号码。

영어 이외의 언어를 사용하는 경우, 무료 지원 서비스를 받을 수 있습니다. ID 카드 뒷면에 있는 번호로 전화하십시오.

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જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હોવ, તો મફતમાં મદદ ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર કોલ.

Jeśli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego.
Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numerong nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанному на обратной стороне вашей ID-карты.

Si ou pale on lòt lang ke Anglè, gen èd ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan.

यदि आप अंग्रेज़ी से भिन्न कोई अन्य भाषा बोलते हैं, तो निःशुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर .

Nếu bạn nói ngôn ngữ khác ngoài tiếng Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn.

Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

إذا كنت تتحدث لغة أخرى غير الإنجليزية، نوفر لك المساعدة مجاناً. يُمكنك الاتصال بالرقم الموجود على ظهر بطاقة الهوية
اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بول سکتے ہیں تو مفت مدد دستیاب ہے۔ براہ مہربانی شناختی کارڈ کی پچھلی طرف درج شدہ نمبر پر کال کریں۔





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Newark, NJ 07105-2200
HorizonBlue.com

J203572 835 002/004

July 31, 2019

Group Benefits Administrator
BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE
240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0035, 0036, 0037

Dear Group Benefits Administrator:

Enclosed is an amendment regarding changes in the Summary of Covered Services and Supplies section of your group's policy/booklet.

Please distribute a copy of this amendment to your covered employees.

If you have questions about your group's benefits, please call **1-800-225-1955**. Our representatives are available to help you Monday through Wednesday and Friday, from 8 a.m. to 6 p.m., Eastern Time (ET), and Thursday from 9 a.m. to 6 p.m., ET.

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Christopher M. Lepre
Executive Vice President
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HORIZON HEALTHCARE SERVICES, INC.
(Digital Tomosynthesis)

Policyholder	Policy No.	Rider No.	Effective Date
BRANCHBURG TOWNSHIP BOE DA7 \$10 ACTIVE	08511C-0035, 0036, 0037	Digital Tomosynthesis	Upon renewal on or after August 1, 2018

J203572 835 003/004

As of the above Effective Date, the Policy/Booklet is changed as follows:

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5. Digital Tomosynthesis Charges

This Policy/Booklet covers charges for digital tomosynthesis to detect or screen for breast cancer and for diagnostic purposes as follows:

- a) When used for detection and screening for breast cancer in a Covered Person age 40 years and older, Horizon BCBSNJ covers charges for digital tomosynthesis as Preventive Care which means they are covered without application of any Copayment, Deductible and/or Coinsurance, as applicable.

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Newark, NJ 07105-2200
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J203572 973 002/004

July 31, 2019

Group Benefits Administrator
BRANCBURG TOWNSHIP BOE
240 Baird Rd
Branchburg, NJ 08876

Re: 08511C-0000, 0001, 0002, 0005, 0006, 0007, 0010, 0011, 0012, 0015, 0016, 0017, 0020, 0021, 0022

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Executive Vice President
Commercial Business Unit

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**HORIZON HEALTHCARE SERVICES, INC.
(Digital Tomosynthesis)**

Policyholder	Policy No.	Rider No.	Effective Date
BRANCHBURG TOWNSHIP BOE	08511C-0000, 0001, 0002, 0005, 0006, 0007, 0010, 0011, 0012, 0015, 0016, 0017, 0020, 0021, 0022	Digital Tomosynthesis	Upon renewal on or after August 1, 2018

J203572 973 003/004

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