

Top 10 questions asked by new members



1. How do I know if a doctor or dentist is a Horizon NJ Health provider?

Answer: You can search for providers, dentists, hospitals and specialists using our *Doctor & Hospital Finder* at horizonNJhealth.com. You can also call Member Services to request a printed directory.

2. Can I go to a doctor or dentist who is not a part of Horizon NJ Health?

Answer: You must use a provider who participates with Horizon NJ Health. Each member can choose their Primary Care Provider (PCP). If you don't choose a PCP, one will be assigned to you. Your assigned PCP will coordinate all of your health care needs. If you receive care from a provider who does not participate with Horizon NJ Health without our approval, you may be responsible for the cost of the care.

3. Can I change my PCP?

Answer: Call Member Services at **1-844-444-4410 (TTY 711)** and they will help you choose a new PCP. You will get a new member ID card with the updated information. If you need to visit your PCP before you receive your new card, let Member Services know, and they will help you.

4. Do I need a referral to see a specialist?

Answer: No, you do not need a referral to see an in-network specialist. You must select a provider who participates in Horizon NJ Health's network. Your PCP will coordinate all of your health care needs. If you receive care from a provider who does not participate with Horizon NJ Health without our approval, you may be responsible for the cost of the care.

5. Do I have dental coverage?

Answer: Yes. For help to access your dental benefits, call Member Services at **1-844-444-4410 (TTY 711)**.

6. If I have an emergency and the nearest hospital is not a part of Horizon NJ Health, will I have to pay the bill?

Answer: No. In case of an emergency, always go to the nearest hospital for care. You do not need to get approval from Horizon NJ Health to go to the ER.

7. What do I do if I get a bill from a doctor?

Answer: You should not receive bills for services covered by your plan. If you do get a bill, call Member Services at **1-844-444-4410 (TTY 711)**. They will give you instructions on what to do.

8. How do I keep my coverage?

Answer: NJ FamilyCare members must renew their eligibility every year. Failure to renew in a timely manner may result in termination of eligibility. Contact your county caseworker or the NJ FamilyCare Health Benefits Coordinator at **1-800-701-0710 (TTY 1-800-701-0720)** for your renewal date.

9. How do I reach my MLTSS Care Manager?

Answer: Your Care Manager will provide you with their direct contact number when you speak with them. You can also call Member Services at **1-844-444-4410 (TTY 711)** to reach out to your Care Manager or the on-call Care Manager.

10. What is the phone number for NJ FamilyCare?

Answer: The State's Health Benefits Coordinator for NJ FamilyCare can be reached toll free at **1-800-701-0710 (TTY 1-800-701-0720)**.