

## Horizon HMO Access 100/80 Plus \$20/\$40 Benefit Highlights

Pre-Selected PCP Copayment	Other Physician Copayment	Deductible	Maximum Out of Pocket
<b>Plan 1</b>	<b>\$20</b>	<b>\$40</b>	<b>\$500</b>
<b>Plan 2</b>	<b>\$20</b>	<b>\$40</b>	<b>\$1000</b>
<b>Family deductible Maximum Out of Pocket are two times the individual amount. Maximum Out of Pocket is calendar year. The coinsurance and copayments apply to the Maximum Out of Pocket. Prescription copayments do not apply towards the Maximum Out of Pocket.</b>			
<b>Benefit</b>		<b>Network</b>	
<b>Benefit Period Maximum</b>		Unlimited	
<b>Lifetime Maximum</b>		Unlimited	
<b>Primary Care Physician Selection</b>		Not required, however, the lower copayment for PCP services is only available for a pre-selected PCP.	
<b>Doctor's Office Visits</b>			
Primary Care Office Visit		100% after PCP office visit copayment	
Specialist Office Visit		100% after specialist office visit copayment	
		A referral is not needed to see a specialist, although, certain services still require pre-approval.	
Maternity Visits (Total obstetrical care includes pre/post-natal visits and delivery)		100% after \$25 copayment for initial visit only	
Allergy Testing and Treatment		100% after office visit copayment	
<b>Preventive Care</b>		100% after office visit copayment	
<b>Diagnostic Procedures</b>			
Laboratory		100% when provided by a participating laboratory	
Outpatient X-ray/Radiology Services		<b>Office/Freestanding Radiology Facility</b> - 100%; <b>Outpatient hospital setting</b> -100% after office visit copayment; <b>Inpatient hospital setting</b> - 80% after deductible (Requires pre-approval)	
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at <b>1-866-969-1234</b> to schedule an appointment.			
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i>			
<b>Inpatient Care</b>			
Inpatient Hospital Services (including maternity) Room & Board is for a semi-private room or intensive care. All inpatient admissions require prior authorization from Horizon BCBSNJ.		80% after deductible	
Pre-admission Testing		80% after deductible	
Inpatient Physician Services		80% after deductible	
<b>Emergency Care</b>			
Emergency Room		80% (no deductible applies)	
Ambulance		80% after deductible (Requires pre-approval)	
<b>Outpatient Care</b>			
Outpatient Hospital Services		80% after deductible	
Outpatient/ASC Physician Services		80% after deductible	
Ambulatory SurgiCenter (ASC)		100% after \$40 copayment	
<b>Mental Health Services</b>			
Inpatient Biologically Based Mental Illness		80% after deductible (Requires pre-approval)	
Outpatient Biologically Based Mental Illness		80% after deductible	
Inpatient Non-Biologically Based Mental Illness/Drug Abuse		80% after deductible; Limited to 30 inpatient days per calendar year. One inpatient day may be exchanged for two outpatient day. (Requires pre-approval)	
Outpatient Non-Biologically Based Mental Illness/Drug Abuse		80% after deductible; Limited to 20 visits per calendar year.	
All Inpatient Non-Biologically Based Mental Health/Substance Abuse Services must be coordinated through Magellan Behavioral Health at <b>1-800-626-2212</b> .			
<b>Alcohol Abuse Services</b>			
Inpatient		80% after deductible (Requires pre-approval)	
Outpatient department		80% after deductible (Requires pre-approval)	
Office setting		100% after office visit copayment	
Alcohol abuse is treated the same as any other illness.			
<b>Other Services</b>			
Bariatric Surgery		80% after deductible (Requires Pre-approval)	
Diabetic Education		100% after office visit copayment	
Diabetic Supplies		80% after deductible (Requires pre-approval)	
Durable Medical Equipment		50% coinsurance \$2,500 maximum per calendar year (Requires pre-approval)	
Orthotics & Prosthetics (per NJ mandate)		100% after PCP office visit copayment	
Home Health Care		80% after deductible. Limited to 60 home health care visits per calendar year. (Requires pre-approval)	



## Horizon HMO Access 100/80 Plus \$20/\$40 Benefit Highlights *(continued)*

Benefit	Network
Hospice Care	80% after deductible. (Requires pre-approval)
Infertility <i>Certain fertility services are excluded.</i>	100% after office visit copayment (Requires pre-approval)
Speech and Cognitive Therapy	100% after office visit copayment. Limited to 30 combined visits per calendar year.
Physical, Occupational Therapy	100% after office visit copayment. Limited to 30 combined visits per calendar year.
Skilled Nursing Facility/Extended Care Center	80% after deductible (Requires pre-approval)
Therapeutic Manipulation (Chiropractic Care) 30 visit maximum per calendar year.	100% after office visit copayment
Vision Exam <i>(Routine physical examinations, including eye examinations.)</i>	100% after office visit copayment
Vision Hardware	Not covered
<b>Prescription Drugs</b> (including diabetic supplies) <i>Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.</i>	50% after full payment at the pharmacy.(No deductible) Prior authorization may be required.
<b>Eligibility</b>	Coverage for dependents include unmarried children under the age of 19. Full-time students who are enrolled at an Accredited School, are covered until the day in which he or she turns 23 years of age.
<b>Pre-Existing Conditions</b>	A pre-existing condition is a medical condition diagnosed or treated in the six months prior to the effective date of coverage. This applies to groups of two to five eligible employees and to late enrollees in groups of six or more (those not enrolling within 30 days of being eligible). Prior coverage may be credited toward satisfying the pre-existing condition limitation if that coverage did not lapse more than 90 days prior to the effective date.
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer < <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> >.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

**Additional Information:**

1. We will continue to renew coverage at the option of the plan sponsor except for the following reasons:

- Nonpayment of premiums, fraud, violation of contribution or participation rules, withdrawal of this plan from the marketplace, or the lack of any enrollee who lives or works in the service area.

2. We require the employer to contribute a minimum of 10 percent to the cost of the group health benefits plan.

3. We require 75 percent of your eligible employees (those working 25 hours or more) to participate in a group plan you offer. Those covered by a spouse's group plan will count toward the 75 percent. All affiliated, subsidiary, commonly owned companies count as one company.

4. A pre-existing condition is a medical condition diagnosed or treated in the six months prior to the effective date of coverage. This applies to groups of two to five eligible employees and to late enrollees in groups of six or more (those not enrolling within 30 days of being eligible). Prior coverage may be credited toward satisfying the pre-existing condition limitation if that coverage did not lapse more than 90 days prior to the effective date.

5. Our service area spans all 21 counties of New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren.

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