

Horizon HMO Access 100/50 Plus Benefit Highlights

Selected PCP Copayment	Other Physician Copayment	Deductible	Maximum Out of Pocket
\$30	\$50	\$2,500	\$5,000
Family deductible and Maximum Out of Pocket are two times the individual amount. Maximum Out of Pocket is calendar year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Prescription copayments do not apply towards the Maximum Out of Pocket.			
Benefit		Network	
Benefit Period Maximum		Unlimited	
Lifetime Maximum		Unlimited	
Primary Care Physician Selection		Not required, however, the lower copayment for PCP services is only available for a pre-selected PCP.	
Doctor's Office Visits			
Primary Care Office Visit		100% after office visit copayment	
Specialist Office Visit		100% after office visit copayment	
Maternity Visits (Total obstetrical care includes pre/post-natal visits and delivery)		A referral is not needed to see a specialist, although, certain services still require pre-approval. 100% after \$25 copayment for initial visit only	
Allergy Testing and Treatment		100% after office visit copayment	
Preventive Care		100% after office visit copayment	
Diagnostic Procedures			
Laboratory		100% when provided by a participating laboratory	
Outpatient X-ray/Radiology Services		Office-100%; Outpatient hospital setting-100% after office visit copay; Inpatient hospital setting- 50% after deductible (Requires pre-approval)	
<small>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 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.</small>			
<small>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</small>			
Inpatient Care			
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.		50% after deductible	
Pre-admission Testing		50% after deductible	
Inpatient Physician Services		50% after deductible	
Emergency Care			
Emergency Room		50% (no deductible applies)	
Ambulance		50% after deductible (Requires pre approval)	
Outpatient Care			
Outpatient Hospital Services		50% after deductible	
Outpatient/ASC Physician Services		50% after deductible	
Ambulatory SurgiCenter (ASC)		100% after \$50 copayment	
Mental Health Services			
Inpatient Biologically Based Mental Illness		50% after deductible	
Outpatient Biologically Based Mental Illness		100% after office visit copayment; Other-50% after deductible	
Inpatient Non-Biologically Based Mental Illness/Drug Abuse		50% after deductible Limited to 30 inpatient days per calendar year. One inpatient day may be exchanged for two outpatient days. (Requires pre-approval)	
Outpatient Non-Biologically Based Mental Illness/Drug Abuse		50% after deductible; Limited to 20 visits per calendar year.	
<small>All Inpatient Non-Biologically Based Mental Health/Substance Abuse Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.</small>			
Alcohol Abuse Services			
Inpatient		50% after deductible	
Outpatient department		100% after office visit copayment; Other-50% after deductible	
Office setting		50% after deductible	
<small>Alcohol abuse is treated the same as any other illness.</small>			
Other Services			
Bariatric Surgery (Requires Pre-approval)		50% after deductible	
Diabetic Education		100% after office visit copayment	
Diabetic Supplies		50% after deductible (Requires pre approval)	
Durable Medical Equipment		50% Limited to a \$2,500 maximum per calendar year (Requires pre-approval)	
Orthotics & Prosthetics (per NJ mandate)		100% after office visit copayment	
Home Health Care		50% after deductible	
Hospice Care		50% after deductible	

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Benefit	Network
Infertility <i>Certain fertility services are excluded.</i>	100% after office visit copayment (Requires pre-approval)
Speech & Cognitive <i>30 visit limit combined per year</i>	100% after office visit copayment
Physical, Occupational <i>30 visit limit combined per year</i>	100% after office visit copayment
Skilled Nursing Facility/Extended Care Center	50% after deductible
Therapeutic Manipulation <i>30 visit maximum per calendar year</i>	100% after office visit copayment
Vision Exam <i>(Routine physical eye examinations, including eye examinations.)</i>	100% after office visit copayment
Vision Hardware	Not covered
Prescription Drugs <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.
Eligibility	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.
Pre-Existing Conditions	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.
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to www.HorizonBlue.com .

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 market place, 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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