



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

# Horizon PPO 100/90/70 Benefit Highlights\*

Plan	Office Visit Copayment	Deductible <sup>†</sup>	Maximum Out of Pocket <sup>‡</sup>	
			Network	Non-Network
Horizon PPO 100/90/70 Plan C	\$0	\$250	\$1,250	\$1,875
	\$0	\$500	\$1,500	\$2,250
	\$0	\$1,000	\$2,000	\$3,000
	\$0	\$2,500	\$3,500	\$5,250
		<b>Network**</b>	<b>Non-Network**</b>	
Coinsurance		100% or 90%; 70% for prescription drugs	70%	
<b>Practitioner Services</b>		<b>Network**</b>	<b>Non-Network**</b>	
Office Visits		100%, no deductible applies	70% after deductible	
Preventive Care		\$750 each year per covered dependent child through end of calendar year in which child attains age one; \$500 maximum per covered person for all other covered family members per calendar year. Not subject to deductible or coinsurance.		
Surgery		90% after deductible	70% after deductible	
Radiology and Laboratory In doctor's office Not in doctor's office		100%, no deductible applies 90% after deductible	70% after deductible 70% after deductible	
<b>Hospital Services</b>		<b>Network**</b>	<b>Non-Network**</b>	
Inpatient Care Semi-Private Room or Intensive Care Unit		90% after deductible	70% after deductible	
Maternity Practitioner Services (Total obstetrical care includes pre/post-natal visits and delivery)		90% after deductible	70% after deductible	
Hospital Outpatient Care		90% after deductible	70% after deductible	
Emergency Room Copayment waived if admitted within 24 hours		90% after deductible and \$50 copayment	70% after deductible and \$50 copayment	
Pre-Admission Testing		90% after deductible	70% after deductible	
Extended Care/Rehabilitation Limit of 120 days per calendar year		90% after deductible Must begin within 14 days of preceding hospital stay. Requires preapproval.	70% after deductible	
Hospice Care		90% after deductible Requires preapproval	70% after deductible Requires preapproval	
<b>Other Services</b>		<b>Network**</b>	<b>Non-Network**</b>	
Therapeutic Manipulation Limit of 30 visits per calendar year In doctor's office Not in doctor's office		100%, no deductible applies 90% after deductible	70% after deductible 70% after deductible	



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## Benefit Highlights\* (continued)

Other Services (continued)	Network**	Non-Network**
Therapy Services	Speech and cognitive rehabilitation therapies have a combined limit of 30 visits per calendar year. Occupational and physical therapies have a combined limit of 30 visits per calendar year. Chelation therapy, chemotherapy, dialysis treatment, radiation therapy and respiration therapy are covered as any other illness. Infusion therapy requires preapproval.	
Non-Biologically Based Mental Illness and Substance Abuse		
Inpatient	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
Limit of 30 inpatient days per calendar year combined network and non-network; Limit of 20 outpatient visits per calendar year combined network and non-network; One inpatient day may be exchanged for two outpatient visits.		
Biologically Based Mental Illness		
Inpatient	90% after deductible	70% after deductible
Outpatient		
In doctor's office	100%, no deductible applies	70% after deductible
Not in doctor's office	90% after deductible	70% after deductible
Durable Medical Equipment/ Medical Supplies (including diabetic supplies)		
In doctor's office	100%, no deductible applies	70% after deductible
Not in doctor's office	90% after deductible Requires preapproval	70% after deductible Requires preapproval
Prescription Drugs <i>Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.</i>	70% after deductible Prior authorization may be required	70% after deductible Prior authorization may be required
<b>Lifetime Maximum</b>	<b>Unlimited</b>	<b>Unlimited</b>

\* This is not a contract. These benefit highlights are only a summary of the standard Small Employer Health (SEH) Plan C in a Preferred Provider Organization format with an office visit rider offered by Horizon BCBSNJ. [Prior authorization may be required for certain services.](#) This does not describe all plan designs available. If you are interested in other plan designs, please call 1-800-466-BLUE (2585).

\*\* All payments based on our allowable amounts.

† Amounts shown represent individual cost-sharing; family amounts are two times the individual amount.

**All payments based on medical necessity and appropriateness of services.** For complete information and verification of all your benefits, refer to your group health benefits policy. In the event a conflict exists between the information contained on these benefit highlights and the actual terms of your group policy, the terms of the policy will prevail. For further information on your policy, you may also call Member Services at 1-800-555-BLUE (2585).

**Disclosure of information as required by the Health Insurance Portability and Accountability Act (HIPAA):**

- 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, termination of the plan by us or enrollees who move outside the service area.
- We require the employer to contribute a minimum of 10 percent to the cost of the group health benefits plan.
- 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.
- 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 pre-existing condition if that coverage did not lapse more than 90 days prior to the effective date.
- 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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