



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work<sup>®</sup>

# Horizon Basic Health Plan A and Horizon Comprehensive Health Plans B, C, D and E

## Benefit Highlights\*

Plan	Deductible <sup>†</sup>	Maximum Out of Pocket <sup>†</sup>
Indemnity Plan A	\$250	\$7,750
Indemnity Plan B	\$250	\$3,250
	\$500	\$3,500
	\$1,000	\$4,000
Indemnity Plan C	\$250	\$2,750
	\$500	\$3,000
	\$1,000	\$3,500
Indemnity Plan D	\$250	\$2,250
	\$500	\$2,500
	\$1,000	\$3,000
Indemnity Plan E	\$150	\$1,650

### Horizon Basic Health Plan A

### Horizon Comprehensive Health Plans B, C, D and E

Coinsurance

80% on inpatient hospital care  
50% on all other covered charges

**Plan B:** 60%  
**Plan C:** 70%  
**Plan D:** 80%  
**Plan E:** 90%

Hospital Services

Hospital inpatient copayment of \$250 per day to \$1,250 maximum per person per hospital admission, \$2,500 maximum per year. Hospital stay limit of up to 30 days per calendar year per person. Copayment is in lieu of annual deductible.

**Plan B:** Subject to \$200 per day hospital inpatient copayment, \$1,000 maximum per person per hospital admission, with a maximum of \$2,000 per year per person. Copayment is in addition to annual deductible and coinsurance.  
**Plans C, D, and E:** Subject to deductible and coinsurance

Emergency Room Care

Not covered unless admitted

\$50 copayment applies. Copayment in addition to any applicable cash deductible, copayment or coinsurance. (Waived if admitted within 24 hours)

Preventive Care

\$100 benefit per covered person  
\$300 benefit per family maximum per year

Each calendar year, \$750 per covered child through end of calendar year in which the child attains age one; \$500 benefit per covered person per calendar year thereafter. Deductible and coinsurance waived for preventive care services.

Other Services

See coinsurance information above

See coinsurance information above

Prescription Drugs

Reimbursed 80% in a hospital inpatient setting only

Administered through a card program and reimbursed at the coinsurance level of benefits after deductible has been satisfied. Other prescription copayment card options available.



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# Horizon Basic Health Plan A and Horizon Comprehensive Health Plans B, C, D and E

## Benefit Highlights\* (continued)

	Horizon Basic Health Plan A	Horizon Comprehensive Health Plans B, C, D and E
Non-Biologically Based Mental Illness and Substance Abuse Inpatient and Outpatient	Not covered	Covered, subject to applicable deductible and coinsurance. Coinsurance for mental or nervous conditions/substance abuse is as follows: <b>Plan B:</b> 60% <b>Plan C:</b> 70% <b>Plan D:</b> 75% <b>Plan E:</b> 75%
Biologically Based Mental Illness	Subject to inpatient copayment and 80% coinsurance. Other covered services, 50% coinsurance.	Limited to 30 inpatient days per calendar year; Limited to 20 outpatient visits per calendar year; One inpatient day may be exchanged for two outpatient visits.  Subject to deductible and applicable coinsurance <b>Plan B:</b> 60% <b>Plan C:</b> 70% <b>Plan D:</b> 80% <b>Plan E:</b> 90%
<b>Lifetime Maximum</b>	<b>\$1,000,000 per person</b>	<b>Unlimited</b>

\* This is not a contract. These benefit highlight are only a summary of the standard Small Employer Health (SEH) Benefits Basic Policy Plan A and Small Employer Health Benefits Policy Plans B, C, D and E offered by Horizon BCBSNJ. [Prior authorization may be required for certain services.](#)

† Amounts shown represent individual cost-sharing; family amounts are two times the individual amount and must be satisfied by two separate covered persons.

All payments based on our allowable amounts.

**All payments are based on medical necessity and appropriateness of services.** For complete information and verification of all your benefits, refer to your benefits certificate. In the event of a conflict between the information contained in these benefit highlights and the actual terms of a group policy, the terms of the policy will prevail.

For further information on your policy, you may call Member Services at **1-800-355-BLUE (2585)**.

We based the health insurance plans outlined here on the standardized, small employer health plans approved by the Small Employer Health Benefits Program Board of New Jersey.

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

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, termination of the plan by us or enrollees move outside the service area.
2. We require the employer to contribute a minimum of 10 percent of 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 an illness or injury which manifests itself in the six months before a covered person's enrollment date and medical advice, diagnosis, care or treatment was recommended or received during the six months before the enrollment date. 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 including: 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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