



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

Horizon HSA HMO Access Plan Design Benefit Highlight

Selected Primary Care Physician (PCP) Copayment	Other Physician Copayment	Maximum Out of Pocket (MOOP)	Deductible	
\$30	\$50	\$5,000	\$2,500	
Hospital Outpatient Copayment-Laboratory and Radiology	Hospital Outpatient Copayment Surgery	Hospital Outpatient Copayment other than Laboratory and Radiology	Hospital Inpatient Copayment	SurgiCenter Copayment
\$50 \$100 for CAT, MRI, MRA, MRS, PET, Nuclear testing	\$250	\$50	\$500	\$250
<p>Family deductible is two times the individual and is a true family aggregate. The true family aggregate requires the entire family deductible to be met before the covered family members are in benefits. The family Maximum Out of Pocket (MOOP) is two times the individual MOOP and is a true family aggregate. A family may meet the true family aggregate MOOP through one covered family members' expenses or a combination of family members' expenses. Once this balance is met, then all covered members in the family are in benefits.</p>				
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 deductible and copayment.		
Specialist Office Visit		100% after deductible and other physician copayment. A referral is not needed to see a specialist, although, certain services still require pre-approval.		
Maternity Visits (obstetrical care includes pre/post-natal visits and delivery)		100% after deductible and \$25 copayment for initial visit only		
Allergy Testing and Treatment		100% after deductible and physician copayment		
Preventive Care		100% after physician copayment		
Diagnostic Procedures				
Laboratory		Office - 100% after deductible and physician copayment; Facility outpatient - 100% after deductible and \$50 copayment (Requires pre-approval).		
X-ray/Radiology Services (Non-Complex)		100% after deductible and \$50 copayment		
X-ray/Radiology Services (Complex)		100% after deductible and \$100 copayment		
<p>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.</p> <p>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.</p>				
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.		100% after deductible and \$500 hospital inpatient copayment per day, \$2,500 maximum per admission.		
Pre-admission testing		100% after deductible		
Inpatient Physician Services		100% after deductible		

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Benefit	Network			
Emergency Care				
Emergency Room copayment waived if admitted within 24 hours	100% after deductible and \$100 copayment			
Ambulance	100% after deductible (Requires pre-approval)			
Outpatient Care				
Outpatient Hospital Services	100% after deductible and \$50 copayment			
Outpatient/ASC Physician Services	100% after deductible			
Ambulatory SurgiCenter (ASC)	100% after deductible and \$250 copayment			
Mental Health Services				
Inpatient Biologically Based Mental Illness	100% after deductible and \$500 hospital inpatient copayment per day, \$2,500 maximum per admission.			
Outpatient Biologically Based Mental Illness	100% after deductible and \$50 copayment			
Inpatient Non-Biologically Based Mental Illness/ Drug Abuse	100% after deductible and \$500 hospital inpatient copayment per day, \$2,500 maximum per admission. Limited to 30 inpatient days per calendar year; one inpatient day may be exchanged for two outpatient visits. (Requires pre-approval)			
Outpatient Non-Biologically Based Mental Illness/ Drug Abuse	100% after deductible and physician copayment; 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 1-800-626-2212 .			
Alcohol Abuse Services				
Inpatient	100% after deductible and hospital inpatient copayment			
Outpatient department	100% after deductible and \$50 copayment			
Office setting	100% after deductible and physician copayment. Alcohol abuse is treated the same as any other illness.			
Other Services				
Bariatric Surgery (Requires Pre-approval)	100% after deductible and copayment			
Diabetic Education	100% after deductible and physician copayment			
Diabetic Supplies	100% after deductible (Requires pre-approval)			
Durable Medical Equipment	50% after deductible; limited to a \$2,500 maximum per calendar year (Requires pre-approval).			
Orthotics & Prosthetics (per NJ mandate)	100% after deductible and PCP copayment			
Home Health Care	100% after deductible and \$50 copayment; limited to 60 visits per calendar year if pre-approved.			
Hospice Care	100% after deductible; unlimited days if pre-approved.			
Infertility Certain fertility services are excluded.	100% after deductible and copayment (Requires pre-approval).			

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Benefit	Network			
Speech & Cognitive - 30-visit limit combined per year	100% after deductible and physician copayment			
Physical, Occupational - 30-visit limit combined per year	100% after deductible and physician copayment			
Skilled Nursing Facility/Extended Care Center (Copoly waived if admitted directly from hospital)	100% after deductible and \$500 copayment; unlimited days. (Requires pre-approval)			
Therapeutic Manipulation- 30-visit maximum per calendar year	100% after deductible and physician copayment			
Vision Exam (Routine physical examinations, including eye examinations)	100% after physician copayment			
Vision Hardware	Not covered			
Prescription Drugs	50% coinsurance after 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 member services 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:

- 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.
- 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.
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- 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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