



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

Additional Prescription Plan Options

For Small Employers with Two to 50 eligible employees

Benefit Highlights*

Option 1	Retail Copayment [†]	Mail Order Copayment ^{††}
Generic-Preferred**	\$10	\$20
Brand-Preferred**	\$25	\$50
Brand-Non-Preferred**	\$50	\$100
Option 2	Retail Copayment [†]	Mail Order Copayment ^{††}
Generic-Preferred**	\$10	\$20
Brand-Preferred**	\$35	\$70
Brand-Non-Preferred**	\$70	\$140
Option 3	Retail Copayment [†]	Mail Order Copayment ^{††}
Generic-Preferred**	\$10	\$20
Brand-Preferred**	30 percent	30 percent
Brand-Non-Preferred**	50 percent	50 percent

* **Please note:** This is not a contract. These benefit highlights are only a summary of the additional Small Employer Health (SEH) Prescription Plans offered by Horizon BCBSNJ. Prescription drug plans are not available with HSA-compatible high-deductible plan options, Horizon MSA or Horizon Comprehensive Health Plan A. This does not describe all plan designs available. If you are interested in other plan designs, please call **1-800-466-BLUE (2585)**.

** Covered medications are categorized into one of the three tiers described below:

Tier One: Generic-Preferred Drugs (lowest copayment)

Approved by the U.S. Food and Drug Administration, generic drugs contain the same active ingredients as brand-name medications. Generics are chemically and therapeutically equivalent to brand drugs, but are available at a lower price.

Tier Two: Brand-Preferred Drugs (middle copayment)

These brand-name drugs have been identified as the most therapeutically safe and effective options for treatment of most medical conditions. These drugs do not have less-costly generic equivalents because they are sold under a trademarked name.

Tier Three: Brand-Non-Preferred Drugs (highest copayment)

These brand drugs often have either a generic equivalent or a Preferred brand drug alternative.

A prescription drug guide is available, which lists all Preferred drugs under our three-tier prescription plans. You can also visit our Web site at www.HorizonBlue.com for more information. Contact your Horizon BCBSNJ representative for more information on these prescription plans.

[†] Per prescription or refill up to a 30-day supply.

^{††} Per prescription or refill up to a 90-day supply.

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 in 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 call Member Services at **1-800-355-BLUE (2585)**. This product has exclusions beyond the standard drug plan exclusions, including drugs for weight control, erectile dysfunction, smoking cessation, antihistamines, prescription vitamins and acne agents. Please refer to your contract for a complete list of exclusions.

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 move outside the service area.
- We require the employer to contribute a minimum of 10 percent of 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 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 a 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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