



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

2009 Summary of Benefits

January 1, 2009 – December 31, 2009

New Jersey

Horizon Medicare Blue Value

*Get the coverage, value and service
you deserve...*

*Put one of our Medicare Health Plans
to work for you.*



Section I - Introduction to the Summary of Benefits

Thank you for your interest in Horizon Medicare Blue Value. Our plan is offered by HORIZON HEALTHCARE OF NEW JERSEY, INC./Horizon Blue Cross Blue Shield of New Jersey, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Horizon Medicare Blue Value and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Horizon Medicare Blue Value. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Horizon Medicare Blue Value at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Horizon Medicare Blue Value and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS HORIZON MEDICARE BLUE VALUE AVAILABLE?

The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren Counties, NJ. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN HORIZON MEDICARE BLUE VALUE?

You can join Horizon Medicare Blue Value if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Horizon Medicare Blue Value unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Horizon Medicare Blue Value has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list or visit us at www.HorizonBlue.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Horizon Medicare Blue Value nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Horizon Medicare Blue Value does cover Medicare Part B prescription drugs. Horizon Medicare Blue Value does NOT cover Medicare Part D prescription drugs.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. They may include, but are not limited to, the following types of drugs. Contact Horizon Medicare Blue Value for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Horizon Blue Cross Blue Shield of New Jersey, Inc. for more information about Horizon Medicare Blue Value plan.

Visit us at www.horizonblue.com/medicare or, call us:

Customer Service Hours: Monday, Tuesday, Wednesday, Friday, 8:00 a.m. - 6:00 p.m. Eastern. Thursday, 9:00 a.m. - 6:00 p.m. Eastern.

Prospective members should call toll-free 800-224-1234 (TTY/TDD: 800-852-7899).

Current members should call toll-free 800-365-2223 (TTY/TDD: 800-855-2881).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about these plans' benefits or costs, please contact Horizon Blue Cross Blue Shield of New Jersey, Inc. for details.

Section II - Summary of Benefits

Benefit Category	Original Medicare	Horizon Medicare Blue Value
<p>IMPORTANT INFORMATION</p> <p>1 Premium and Other Important Information</p>	<p>In 2008, the monthly Part B premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$0 monthly plan premium in addition to a \$38 reduction to your monthly Medicare Part B premium.</p> <p>In-Network \$10,000 in-network out-of-pocket limit. All plan services covered under the out-of-pocket limit.</p>
<p>2 Doctor and Hospital Choice (For more information, see Emergency #15 and Urgently Needed Care #16.)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>
<p>SUMMARY OF BENEFITS INPATIENT CARE</p> <p>3 Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008, the amounts for each benefit period are: Days 1 – 60: \$1,024 deductible Days 61 – 90: \$256 per day Days 91 – 150: \$512 per lifetime reserve day These amounts will change for 2009.</p>	<p>In-Network For hospital stays: Days 1 – 10: \$150 copay per day Days 11 – 90: \$0 copay per day \$1,500 out-of-pocket limit every stay.</p>

<p>Inpatient Hospital Care (cont'd)</p>	<p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190-day limit in a Psychiatric Hospital.</p>	<p>In-Network For hospital stays: Days 1 – 10: \$150 copay per day Days 11 – 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 – 60: \$0 copay per day \$1,500 out-of-pocket limit every stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefit Category	Original Medicare	Horizon Medicare Blue Value
<p>5 Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2008, the amounts for each benefit period after at least a 3-day covered hospital stay: Days 1 – 20: \$0 per day. Days 21 – 100: \$128 per day. These amounts will change for 2009.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays:</p> <p>Days 1 – 15: \$0 copay per day. Days 16 – 30: \$85 copay per day. Days 31 – 100: \$110 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
<p>6 Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered home health visit.</p>
<p>7 Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>In-Network You must get care from a Medicare-certified hospice.</p>

OUTPATIENT CARE

8 Doctor Office Visits

20% coinsurance.

General

See "Physical Exams" for more information.

In-Network

\$15 copay for each primary care doctor visit for Medicare-covered benefits.

\$0 to \$15 copay for each in-area network urgent care Medicare-covered visit.

\$35 copay for each specialist visit for Medicare-covered benefits.

9 Chiropractic Services

Routine care not covered.

20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.

In-Network

\$35 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

10 Podiatry Services

Routine care not covered.

20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.

In-Network

\$15 to \$35 copay for Medicare-covered visits.

Medicare-covered podiatry benefits are for medically necessary foot care.

11 Outpatient Mental Health Care

50% coinsurance for most outpatient mental health services.

General

Authorization rules may apply.

In-Network

\$35 copay for each Medicare-covered individual or group therapy visit.

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Benefit Category	Original Medicare	Horizon Medicare Blue Value
12 Outpatient Substance Abuse Care	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual or group visits.</p>
13 Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	<p>General Authorization rules may apply.</p> <p>In-Network \$75 copay for each Medicare-covered ambulatory surgical center visit. \$35 to \$125 copay for each Medicare-covered outpatient hospital facility visit.</p>
14 Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p>
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 24 hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

Emergency Care (cont'd)	NOT covered outside the U.S. except under limited circumstances.	
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance or a set copay. NOT covered outside the U.S. except under limited circumstances.	General \$15 to \$50 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hour(s) for the same condition, \$0 per urgent-care visit.
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered Occupational Therapy visits. \$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
19 Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.

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Benefit Category	Original Medicare	Horizon Medicare Blue Value
<p>20 Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)</p>	<p>20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$15 to \$35 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>
<p>21 Diagnostic Tests, X-rays and Lab Services</p>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$125 copay for Medicare-covered lab services.</p> <p>\$35 to \$125 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$35 to \$125 copay for Medicare-covered X-rays.</p> <p>\$35 to \$125 copay for Medicare-covered diagnostic radiology services.</p> <p>\$35 copay for Medicare-covered therapeutic radiology services.</p>

PREVENTIVE SERVICES		
22 Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for Medicare-covered Bone Mass measurement.
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24 Immunizations (Flu vaccine, Hepatitis B vaccine — for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for Flu and Pneumonia vaccines. No referral needed for Flu and Pneumonia vaccines. \$15 copay for Hepatitis B vaccine.
25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.
26 Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.	In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. • Up to 1 additional pap smear(s) and pelvic exams(s) every year.

If you have any questions about these plans' benefits or costs, please contact Horizon Blue Cross Blue Shield of New Jersey, Inc. for details.

Benefit Category	Original Medicare	Horizon Medicare Blue Value
<p>27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for renal dialysis.</p> <p>\$15 to \$35 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p>29 Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered.</p> <p>\$0 copay for Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>

<p>30 Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • up to 1 oral exam(s) every six months • up to 1 cleaning(s) every six months • up to 1 dental X-ray(s) every three years <p>Plan offers additional comprehensive dental benefits.</p>
<p>31 Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • inner-ear hearing aids • per outer-ear hearing aids • per over-the-ear hearing aids <p>\$15 to \$35 copay for Medicare-covered diagnostic hearing exams</p> <p>\$15 to \$35 copay for up to 1 routine hearing test(s) every year</p> <p>\$0 copay for up to 1 hearing aid fitting evaluation(s) every three years</p> <p>\$750 limit for hearing aids every three years</p>
<p>32 Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery • glasses • contacts • lenses • frames <p>\$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 to \$35 copay for up to 1 routine eye exam(s) every year</p> <p>\$100 limit for eye wear every two years</p>

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Benefit Category	Original Medicare	Horizon Medicare Blue Value
33 Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$15 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$15 copay for Medicare-covered benefits.</p>
34 Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network This plan covers health/wellness education benefits.</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline • Other Wellness Benefits
35 Transportation (routine)	<p>Not covered.</p>	<p>In-Network This plan does not cover routine transportation.</p>
36 Acupuncture	<p>Not covered.</p>	<p>In-Network This plan does not cover acupuncture.</p>

Horizon Medicare Blue Value is a managed care plan issued by Horizon Healthcare of New Jersey, Inc., which is an MA organization with a Medicare Advantage contract with the Centers for Medicare & Medicaid Services (CMS). Horizon Healthcare of New Jersey, Inc., is a subsidiary of Horizon Blue Cross Blue Shield of New Jersey. Both companies are independent licensees of the Blue Cross and Blue Shield Association.



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Making Healthcare Work.®