



## Horizon HMO Access Coinsurance Plus 100/80 Plus Benefit Highlights *(effective 4/1/10)*

Selected PCP Copayment	Other Physician Copayment	Deductible	Maximum Out of Pocket
\$30	\$50	\$2,500	\$4,500
<b>Two deductibles per family</b> <b>Maximum Out of Pocket is calendar year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket.</b> <b>Prescription copayments do not apply towards the Maximum Out of Pocket.</b>			
Benefit	Network		
<b>Benefit Period Maximum</b>	Unlimited		
<b>Lifetime Maximum</b>	Unlimited		
<b>Primary Care Physician Selection</b>	Not required, however, the lower copayment for PCP services is only available for pre-selected PCP.		
<b>Doctor's Office Visits</b>			
Primary Care Office Visit	100% after PCP office visit copayment		
Specialist Office Visit	100% after Specialist office visit copayment		
Maternity Visits (Total obstetrical care includes pre/post-natal visits and delivery)	A referral is not needed to see a specialist, although, certain services still require pre-approval. 100% after \$25 copayment for initial visit only		
Allergy Testing and Treatment	100% after office visit copayment		
<b>Preventive Care</b>			
<b>Diagnostic Procedures</b>	100%		
<b>Laboratory</b>			
Laboratory	100% when provided by a participating laboratory		
Outpatient X-ray/Radiology Services	<b>Office/Freestanding Radiology Facility - 100%; Outpatient hospital setting- 100% after office visit copayment; Inpatient hospital setting- 80% after deductible (Requires pre-approval)</b>		
<small>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 <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at <b>1-866-969-1234</b> to schedule an appointment.</small>			
<small><i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i></small>			
<b>Inpatient Care</b>			
Inpatient Admission (including maternity) Room & Board is for a semi-private room or intensive care. All inpatient admissions require prior authorization from Horizon BCBSNJ.	80% after deductible		
Pre-admission Testing	80% after deductible		
Inpatient Physician Services	80% after deductible		
<b>Emergency Care</b>			
Emergency Room	80% (no deductible applies)		
Ambulance	100% (Requires pre-approval)		
<b>Outpatient Care</b>			
Outpatient Hospital Services	80% after deductible		
Outpatient/ASC Physician Services	80% after deductible		
Ambulatory SurgiCenter (ASC)	100% after \$50 copayment		
<b>Mental Health Services</b>			
Inpatient	80% after deductible (Requires pre-approval)		
Outpatient department	80% after deductible (Requires pre-approval)		
Office setting	100% after office visit copayment		
<b>Substance Abuse Services</b>			
Inpatient	80% after deductible (Requires pre-approval)		
Outpatient department	80% after deductible (Requires pre-approval)		
Office setting	100% after office visit copayment		
<b>Alcohol Abuse Services</b>			
Inpatient	80% after deductible (Requires pre-approval)		
Outpatient department	80% after deductible (Requires pre-approval)		
Office setting	100% after office visit copayment		
All Inpatient and Outpatient Mental Health/Substance Abuse/Alcohol Abuse Services must be coordinated through Magellan Behavioral Health at <b>1-800-626-2212</b> .			
<b>Other Services</b>			
Bariatric Surgery (Requires pre-approval)	80% after deductible		
Diabetic Education	100% after office visit copayment		
Diabetic Supplies	100% (Requires pre-approval)		
Durable Medical Equipment	50% (Requires pre-approval)		



## Horizon HMO Access Coinsurance Plus 100/80 Plus Benefit Highlights *(continued)*

Benefit	Network
Orthotics & Prosthetics (per NJ mandate)	100% after office visit copayment
Home Health Care	80% after deductible (Requires pre-approval)
Hospice Care	80% after deductible (Requires pre-approval)
Infertility <i>(Certain infertility services are excluded.)</i>	100% after office visit copayment (Requires pre-approval)
Speech & Cognitive <i>30 visit limit combined per year</i>	100% after office visit copayment
Physical & Occupational <i>30 visit limit combined per year</i>	100% after office visit copayment
Skilled Nursing Facility/Extended Care Center	80% after deductible (Requires pre-approval)
Therapeutic Manipulation <i>30 visit maximum per calendar year</i>	100% after office visit copayment
Vision Exam <i>(Routine physical examinations, including eye examinations.)</i>	100%
Vision Hardware	Not covered
<b>Prescription Drugs</b> <i>Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.</i>	50% after full payment at the pharmacy (No deductible) Prior authorization may be required.
<b>Eligibility</b>	Dependent children, including full-time students are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
<b>Pre-Existing Conditions</b>	This plan includes a 'pre-existing conditions' limitation. In general, a pre-existing condition is a medical condition diagnosed or treated during the six months prior to a covered person's enrollment date. It applies to groups of two to five eligible employees, and to late enrollees in groups of six or more. (A late enrollee is a person who failed to enroll within 30 days of becoming eligible.) If a pre-existing condition exists, no benefits will be paid for it for 180 days after the enrollment date. The 180 days may be reduced by the time the person was covered under certain other health care coverage (Creditable Coverage) that was continuously in force to a date not more than 90 days prior to the enrollment date. Some exceptions apply to this limitation, e.g., it does not apply to covered persons under age 19 or younger; pregnancy; a child's birth defect; genetic information, in the absence of a diagnosis of the condition related to that information; or an adopted child or a child placed for adoption."
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at <b>1-800-355-BLUE (2583)</b> or refer to <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .

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:**

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, withdrawal of this plan from the marketplace, or the lack of any enrollee who lives or works in the service area.
2. We require the employer to contribute a minimum of 10 percent to 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 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.
5. 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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