

## Horizon HMO Access Standard Plan Design Benefit Highlight *(effective 4/1/10)*

Selected Primary Care Physician (PCP) Copayment	Other Physician Copayment	Maximum Out of Pocket (MOOP)		
\$20	\$40	\$5,000		
Hospital Outpatient Copayment-Laboratory and Radiology	Hospital Outpatient Copayment Surgery	Hospital Outpatient Copayment other than Laboratory or Radiology	Hospital Inpatient Copayment	SurgiCenter Copayment
\$100	\$200	\$40	\$250	\$100
Maximum Out of Pocket is calendar year. The coinsurance, and copayments apply to the Maximum Out of Pocket. Prescription copayments do not apply towards the Maximum Out of Pocket.				
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 a pre-selected PCP.		
<b>Doctor's Office Visits</b>				
Primary Care Office Visit		100% after PCP copayment		
Specialist Office Visit		100% after other physician copayment		
		A referral is not needed to see a specialist, although, certain services still require pre-approval.		
Maternity Visits (Total obstetrical care includes pre/post-natal visits and delivery)		100% after \$25 copayment for initial visit only		
Allergy Testing and Treatment		100% after physician copayment		
<b>Preventive Care</b>		100%		
<b>Diagnostic Procedures</b>				
Laboratory		100% when services are provided by a participating laboratory		
Outpatient X-ray/Radiology Services		Office/Freestanding Radiology Facility-100% \$0 copayment; Facility - 100% after \$100 copayment ( Requires pre-approval.)		
<b>Inpatient Care</b>				
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 \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year. Unlimited days.		
Pre-admission testing		100% after hospital outpatient copayment; other than laboratory & radiology copayment		
Inpatient Physician Services		100% after hospital inpatient copayment		
<b>Emergency Care</b>				
Emergency Room Copayment waived if admitted within 24 hours		\$100 copayment		
Ambulance		100% (Requires pre-approval)		
<b>Outpatient Care</b>				
Outpatient Hospital Services		100% after \$200 copayment		
Outpatient/ASC Physician Services		100% after hospital outpatient copayment; other than laboratory & radiology copayment		
Ambulatory SurgiCenter (ASC)		100% after \$100 copayment		
<b>Mental Health Services</b>				
Inpatient		100% after \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year. Unlimited days		
Outpatient department		100% after office visit copayment		
Office setting		100% after office visit copayment		
<b>Substance Abuse Services</b>				
Inpatient		100% after \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year. Unlimited days		
Outpatient department		100% after office visit copayment		
Office setting		100% after office visit copayment		
<b>Alcohol Abuse Services</b>				
Inpatient		100% after \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year. Unlimited days		
Outpatient dept.		100% after office visit copayment		
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)		100% after copayment		
Diabetic Education		100% after copayment		
Diabetic Supplies		100% (requires pre-approval)		
Durable Medical Equipment		50% (requires pre-approval)		
Orthotics & Prosthetics (per NJ mandate)		100% after PCP copayment		
Home Health Care		100%-Limited to 60 visits per calendar year if pre-approved.		
Hospice Care		100%; Unlimited days if pre-approved.		

## Horizon HMO Access Standard Plan Design Benefit Highlight (*continued*)

Benefit	Network
Infertility <i>(Certain infertility services are excluded)</i>	100% after copayment (Requires pre-approval)
Speech & Cognitive 30 visit limit combined per year	100% after office visit copayment
Physical & Occupational 30 visit limit combined per year	100% after office visit copayment
Skilled Nursing Facility/Extended Care Center	\$0 copayment; 120 days combined if pre-approved
Therapeutic Manipulation 30 visit maximum per calendar year	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%; 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 War

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