



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon HMO 100/50

Benefit Highlights*

Services	Benefits – Network**	
Office Visit Copayments	\$10, \$15, \$20 or \$30	
Annual Deductible	\$0	
Coinsurance	50%	
Maximum Out of Pocket †	\$2,500	
Practitioner Services	Benefits – Network**	
Office Visits	100% after office visit copayment	
Preventive Care	100% after office visit copayment	
Surgery	50% (100% after office visit copayment when services are rendered in network practitioner's office)	
Radiology	100% when provided by a network radiologist, in a network practitioner's office or network radiology center	
Laboratory	100% when provided by a network laboratory or network hospital on an outpatient basis	
Maternity	\$25 copayment per pregnancy, applicable to initial visit only	
Hospital Services	Benefits – Network**	
Outpatient Care	50%	
Inpatient Care	50%	
Maternity	50%	
Emergency Room (Practitioner and hospital charges)	50%; member must call PCP or Member Services within 48 hours or two business days to be considered for benefits	
Extended Care/Rehabilitation	50%	
Hospice Care	50%	
Other Services	Benefits – Network**	
Therapeutic Manipulation (Chiropractic care)	100% after copayment in network practitioner's office	Treatment limited to 30 visits per calendar year
Speech Therapy/Cognitive Rehabilitation Therapy/Physical Therapy/Occupational Therapy	100% after copayment in network practitioner's office	Treatment limited to 30 visits per calendar year



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Benefit Highlights* (continued)

Other Services

Alcohol Dependence
Inpatient

Outpatient

Freestanding Ambulatory Surgical Center

Non-Biologically Based Mental Illness***
Inpatient

Outpatient

Biologically Based Mental Illness***
Inpatient

Outpatient

Home Health Care

Durable Medical Equipment/
Medical Supplies
(including diabetic supplies)

Prescription Drugs

*Other prescription options are available.
Contact your broker or Horizon BCBSNJ
representative for details.*

Lifetime Maximum

Benefits – Network**

50%

100% after office visit copayment when services are rendered in a network practitioner's office

50% for services rendered in a network setting other than a practitioner's office

50%

50%; limited to 30 inpatient days per calendar year

50%; limited to 20 visits per calendar year

One inpatient day may be exchanged for two outpatient visits

50%

100% after office visit copayment when services are rendered in a network practitioner's office

50% for services rendered in a network setting other than a practitioner's office

50%

50%
Requires preapproval

50%

Prior authorization may be required

Unlimited

* This is not a contract. These benefit highlights are only a summary of the standard Small Employer Health Benefits HMO Plan offered by Horizon BCBSNJ.

Prior authorization may be required for certain services.

** All payments are based on allowable amounts.

*** Before receiving treatment for mental health and substance abuse, you must call the number located on your ID card to obtain authorization for inpatient and outpatient care.

† Amounts shown represent individual cost-sharing; family amounts are two times the individual amount and must be satisfied by two separate covered persons.

All payments based on medical necessity and appropriateness of services. For complete information and verification of all your benefits, refer to your group health benefits contract. In the event a conflict exists between the information contained on these benefit highlights and the actual terms of your group contract, the terms of the contract will prevail. For further information on your contract, you may also call Member Services at 1-800-355-BLUE (2583).

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 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, any other group plan or Medicare will count toward the 75 percent. All affiliated, subsidiary, commonly owned companies count as one company.
- 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 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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