Horizon
Horizon Blue Cross Blue Shield of New Jersey
Making Healthcare Work.

Horizon HMO Access 100/80 Plus $20/$40
Benefit Highlights

Pre-Selected PCP Copayment	Other Physician Copayment	Deductible	Maximum Out of Pocket
Plan 1			
$20	**$40**	**$500**	**$2500**
Plan 2			
$20	**$40**	**$1000**	**$3000**

Two deductibles maximum per family. Deductible is per calendar year.
Two Maximum Out of Pocket per family. Maximum Out of Pocket is per calendar year.
The deductible, coinsurance and copayments apply to the Maximum Out of Pocket.
Prescription copayments do not apply towards the Maximum Out of Pocket.

Benefit	Network
Benefit Period Maximum	Unlimited
Lifetime Maximum	Unlimited
Primary Care Physician Selection	Not required, however, the lower copayment for PCP services is only available for a pre-selected PCP.
Doctor's Office Visits	
Primary Care Office Visit	100% after PCP office visit copayment
Specialist Office Visit	100% after specialist office visit 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 office visit copayment
Preventive Care	100% after office visit copayment
Diagnostic Procedures	
Laboratory	100% when provided by a participating laboratory
Outpatient X-ray/Radiology Services	**Office/Freestanding Radiology Facility** -100%; **Outpatient hospital setting**-100% after office visit copayment; **Inpatient hospital setting**- 80% after deductible (Requires pre-approval)
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 **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at **1-866-969-1234** to schedule an appointment. *Note: Managed Care members can call **1-866-969-1234** to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.*	
Inpatient Care	
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.	80% after deductible
Pre-admission Testing	80% after deductible
Inpatient Physician Services	80% after deductible
Emergency Care	
Emergency Room	80% (no deductible applies)
Ambulance	80% after deductible (Requires pre-approval)
Outpatient Care	
Outpatient Hospital Services	80% after deductible
Outpatient/ASC Physician Services	80% after deductible
Ambulatory SurgiCenter (ASC)	100% after $40 copayment
Mental Health Services	
Inpatient Biologically Based Mental Illness	80% after deductible (Requires pre-approval)
Outpatient Biologically Based Mental Illness	80% after deductible
Inpatient Non-Biologically Based Mental Illness/Drug Abuse	80% after deductible; Limited to 30 inpatient days per calendar year. One inpatient day may be exchanged for two outpatient days. (Requires pre-approval)
Outpatient Non-Biologically Based Mental Illness/Drug Abuse	80% after deductible; Limited to 20 visits per calendar year.
	All Inpatient Non-Biologically Based Mental Health/Substance Abuse Services must be coordinated through Magellan Behavioral Health at **1-800-626-2212**.
Alcohol Abuse Services	
Inpatient	80% after deductible (Requires pre-approval)
Outpatient department	80% after deductible (Requires pre-approval)
Office setting	100% after office visit copayment
	Alcohol abuse is treated the same as any other illness.
Other Services	
Bariatric Surgery	80% after deductible (Requires Pre-approval)
Diabetic Education	100% after office visit copayment
Diabetic Supplies	80% after deductible (Requires pre-approval)
Durable Medical Equipment	50% coinsurance $2,500 maximum per calendar year (Requires pre-approval)
Orthotics & Prosthetics (per NJ mandate)	100% after PCP office visit copayment
Home Health Care	80% after deductible. Limited to 60 home health care visits per calendar year. (Requires pre-approval)

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Benefit Highlights *(continued)*

Benefit	Network
Hospice Care	80% after deductible. (Requires pre-approval)
Infertility *Certain fertility services are excluded.*	100% after office visit copayment (Requires pre-approval)
Speech and Cognitive Therapy	100% after office visit copayment. Limited to 30 combined visits per calendar year.
Physical, Occupational Therapy	100% after office visit copayment. Limited to 30 combined visits per calendar year.
Skilled Nursing Facility/Extended Care Center	80% after deductible (Requires pre-approval)
Therapeutic Manipulation (Chiropractic Care) 30 visit maximum per calendar year.	100% after office visit copayment
Vision Exam *(Vision exams are not covered, only preventive care screenings)*	100% after office visit copayment
Vision Hardware	Not covered
Prescription Drugs (including diabetic supplies) *Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.*	50% after full payment at the pharmacy.(No deductible) Prior authorization may be required.
Eligibility	Coverage for dependents include unmarried children under the age of 19. Full-time students who are enrolled at an Accredited School, are covered until the day in which he or she turns 23 years of age.
Pre-Existing Conditions	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.
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer **<www.HorizonBlue.com>**.

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 cove 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.