

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

	Pre-Selected PCP	Other Physician	Deductible	Maximum Out of Pocket
	Copayment	Copayment		
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	100% after \$25 copayment for initial visit only
(Total obstetrical care includes pre/post-natal visits and delivery)	
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 Hospital Services (including maternity) Room & Board is for a semi-private room or intensive care. All inpatient admissions require prior authorization from Horizon BCBSNJ.  Pre-admission Testing 80% after deductible [Inpatient Physician Services 80% after deductible [Inpatient Physician Services 80% after deductible [Requires pre-approval]  Dutpatient Physician Services 80% after deductible (Requires pre-approval)  Outpatient Hospital Services 80% after deductible (Requires pre-approval)  Outpatient Biologically Based Mental Illness 80% after deductible (Requires pre-approval)  Outpatient Biologically Based Mental Illness 80% after deductible (Requires pre-approval)  Outpatient Non-Biologically Based Mental Illness 80% after deductible (Requires pre-approval)  Outpatient Non-Biologically Based Mental Illness 80% after deductible; Limited to 20 visits per calendar year.  All Inpatient Non-Biologically Based Mental Illness 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 Non-Biologically Based Mental Health/Substance Abuse Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.  Alcohol Abuse Services 80% after deductible (Requires pre-approval)  Outpatient department 90% after office visit copayment 90% after deductib	рирет тејетти.		
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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	Diabetic Education	100% after office visit copayment	
\$2,500 maximum per calendar year (Requires pre-approval)  Orthotics & Prosthetics (per NJ mandate)  100% after PCP office visit copayment	Diabetic Supplies		
Orthotics & Prosthetics (per NJ mandate) 100% after PCP office visit copayment	Durable Medical Equipment	50% coinsurance	
	• •	\$2,500 maximum per calendar year (Requires pre-approval)	
Home Health Care 80% after deductible. Limited to 60 home health care visits 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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## Horizon HMO Access 100/80 Plus \$20/\$40 **Benefit Highlights** (continued)

Benefit	Network
Hospice Care	80% after deductible. (Requires pre-approval)
Infertility	100% after office visit copayment (Requires pre-approval)
Certain fertility services are excluded.	
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)	100% after office visit copayment
30 visit maximum per calendar year.	
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)	50% after full payment at the pharmacy.(No deductible)
Other prescription options are available.	Prior authorization may be required.
Contact your broker or Horizon BCBSNJ representative for details.	
representative for details.	
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>.</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 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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