Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon HMO 100/80 Plus
Benefit Highlights*

Plan	Office Visit Copayment	Deductible†	Maximum Out of Pocket†
Horizon HMO 100/80 Plus	$20 or $30	$500	$2,500
	$20 or $30	$1,000	$3,000
	$20 or $30	$2,500	$4,500

Services	Network Benefits**	
Coinsurance	100% or 80%; 50% for prescription drugs	
Practitioner Services	**Network Benefits****	
Office Visits	100% after office visit copayment	
Preventive Care	100% after office visit copayment	
Surgery	80% after deductible	
Radiology	100% when provided by a network radiologist, in a network practitioner's office or network radiology center. Office visit copayment applies when provided in an outpatient hospital setting. 80% after deductible when provided in an inpatient hospital setting.	
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	**Network Benefits****	
Inpatient Care	80% after deductible	
Outpatient Care	80% after deductible	
Maternity	80% after deductible	
Emergency Room *(Practitioner and hospital charges)*	80%, no deductible applies	
Extended Care/Rehabilitation	80% after deductible	
Hospice Care	80% after deductible	
Other Services	**Network Benefits****	
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 combined per calendar year

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Benefit Highlights* (*continued*)

Other Services *(continued)*	Network Benefits**
Alcohol Dependence	
Inpatient	80% after deductible
Outpatient	100% after office visit copayment when services are rendered in a network practitioner's office 80% after deductible for services rendered in a network setting other than a practitioner's office
Freestanding Ambulatory Surgical Center	100% after office visit copayment
Non-Biologically Based Mental Illness***	
Inpatient	80% after deductible. Limited to 30 inpatient days per calendar year.
Outpatient	80% after deductible. Limited to 20 visits per calendar year. One inpatient day may be exchanged for two outpatient visits
Biologically Based Mental Illness***	
Inpatient	80% after deductible
Outpatient	100% after office visit copayment when services are rendered in a network practitioner's office 80% after deductible for services rendered in a network setting other than a practitioner's office
Home Health Care	80% after deductible
Durable Medical Equipment/ Medical Supplies (including diabetic supplies)	80% after deductible Requires preapproval
Prescription Drugs *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
Lifetime Maximum	**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.

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):

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, termination of the plan by us or enrollees move outside 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, any other group plan or Medicare 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 pre-existing condition 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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Making Healthcare Work℠

Prescription Plan Options

For Small Employers with Two to 50 eligible employees

Benefit Highlights‡

Annual Deductible Options — $0, $50, $100 **(applies to $15, $15/$22.50 and $5/$10/$20 Rx options)**

$5/$10 Rx Option	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$5	$0
Brand-Preferred*	$10	$5
Generic/Brand-Nonpreferred*	$10	$5

$15/$22.50 Rx Option	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$15	$22.50
Brand-Preferred*	$15	$22.50
Generic/Brand-Nonpreferred*	$15	$22.50

$15 Rx Option	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$15	$0
Brand-Preferred*	$15	$0
Generic/Brand-Nonpreferred*	$15	$0

$5/$10/$20 Three–Tier Rx Option	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$5	$7.50
Brand-Preferred*	$10	$15
Generic/Brand-Nonpreferred*	$20	$30

$12/$25/$40 Three–Tier Rx Option *Available for Horizon HMO and Horizon HMO Coinsurance plans only.*	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$12	$24
Brand-Preferred*	$25	$50
Generic/Brand-Nonpreferred*	$40	$80

$10/$20/$35 Three–Tier Rx Option *Available for Horizon POS, Horizon Direct Access and Horizon PPO plans only.*	**Retail Copayment**	**Mail Order Copayment**
Generic-Preferred*	$10	$30
Brand-Preferred*	$20	$60
Generic/Brand-Nonpreferred*	$35	$105

‡Please note: This is not a contract. This benefit highlights is only a summary of the standard Small Employer Health (SEH) Prescription Plans offered by Horizon BCBSNJ. Prescription Drug plans are not available with High Deductible Plan options, Horizon MSA or Horizon Comprehensive Health Plan A.

*Covered medications are categorized into one of the three tiers described below:

Tier One: Preferred Generic Drugs (lowest copay)

Approved by the U.S. Food and Drug Administration, generic drugs contain the same active ingredients as brand-name medications. Generics are chemically and therapeutically equivalent to brand drugs, but are available at a lower price.

Tier Two: Preferred Brand Drugs (middle copay)

These brand-name drugs have been identified as the most therapeutically safe and effective options for treatment of most medical conditions. These drugs do not have less-costly generic equivalents because they are sold under a trademarked name.

Tier Three: Nonpreferred Brand Drugs (highest copay)

These brand drugs often have either a generic equivalent or a Preferred brand drug alternative.

A prescription drug guide is available, which lists all Preferred drugs under our three-tier prescription plans. You can also visit our Web site at **www.horizon-bcbsnj.com** for more information. Contact your Horizon BCBSNJ representative for more information on these prescription plans.

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Prescription Plan Options

For Small Employers with Two to 50 eligible employees

Benefit Highlights‡ *continued*

50% Coinsurance Option (payable at purchase) – Available for Horizon BCBSNJ small employer health plans except Horizon HMO plans.

Participating Pharmacy	Show your Horizon BCBSNJ ID card and pay 50 percent of the discounted price of the prescription. The pharmacist electronically sends the remaining 50 percent of the charges to AdvancePCS for payment to the pharmacist.
Nonparticipating Pharmacy	You pay 100 percent of the regular prescription cost. You submit the claim to Horizon BCBSNJ and receive 50 percent reimbursement. (**Mail Order is not available with this option.**)

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For complete information and verification of all your benefits, refer to your group health benefits policy. In the event a conflict exists between the information contained on this benefit highlights and the actual terms of your group policy, the terms of the policy will prevail. For further information on your policy, you may also call Member Services at **1-800-225-1955**.

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2. We require the employer to contribute a minimum of 10 percent of 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 an illness or injury which manifests itself in the six months before a covered person's enrollment date and medical advice, diagnosis, care or treatment was recommended or received during the six months before the enrollment date. 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 a pre-existing condition if that coverage did not lapse more than 90 days prior to the effective date.
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