Horizon

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon PPO Value
Benefit Highlights*

Plan	General Practitioner Office Visit Copayment	All Other Physicians Copayment	Maternity Copayment	Deductible†	Maximum Out of Pocket† Network	Maximum Out of Pocket† Non-Network
High	$15	$30	$25	$1,000	$3,000	$4,500
Standard	$20	$40	$25	$1,500	$3,500	$5,250
Basic	$30	$50	$25	$2,500	$4,500	$6,750

	Network**	Non-Network**
Coinsurance	100% for office visits and non-hospital laboratory; 80% for hospital and other services; 60% for prescription drugs	60% for all services

Practitioner Services	Network**	Non-Network**
Office Visits	100% after copayment	60% after deductible
Preventive Care	$750 per covered dependent child through end of calendar year in which child attains age one; $500 maximum per covered person for all other covered family members per calendar year; Not subject to deductible or coinsurance	
Surgery		
In doctor's office	100% after copayment	60% after deductible
Not in doctor's office	80% after deductible	60% after deductible
Laboratory		
In doctor's office	100%, no copayment	60% after deductible
In setting other than a hospital	100%, no copayment	60% after deductible
Radiology *(May require preapproval)*		
In doctor's office	80% after deductible	60% after deductible
In setting other than a hospital	80% after deductible	60% after deductible

Hospital Services	Network**	Non-Network**
Inpatient Care Semi-Private Room or Intensive Care Unit *(Requires preapproval)*	80% after deductible	60% after deductible
Maternity Practitioner Services (*Total obstetrical care includes pre/post-natal visits and delivery*)	80% after deductible; $25 copayment per pregnancy for initial office visit only	60% after deductible
Hospital Outpatient Care (*Certain services require preapproval*)	80% after deductible	60% after deductible
Emergency Room Copayment waived if admitted within 24 hours	$100 copayment and 80% coinsurance; No deductible applies to emergency room facility charge	60% after deductible and $100 copayment
Pre-Admission Testing	80% after deductible	60% after deductible
Rehabilitation (*Requires preapproval*)	80% after deductible. Must begin within 14 days of preceding hospital stay	60% after deductible
Hospice Care *(Requires preapproval)*	80% after deductible	60% after deductible

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Benefit Highlights* (*continued*)

Other Services	Network**	Non-Network**
Therapeutic Manipulation Limit of 30 visits per calendar year		
In doctor's office	100% after copayment	60% after deductible
Not in doctor's office	80% after deductible	60% after deductible
Therapy Services		
In doctor's office	100% after copayment	60% after deductible
Not in doctor's office	80% after deductible	60% after deductible
	Speech and cognitive rehabilitation therapies have a combined limit of 30 visits per calendar year. Occupational and physical therapies have a combined limit of 30 visits per calendar year. Chelation therapy, chemotherapy, dialysis treatment, radiation therapy and respiratory therapy are covered as any other illness. Infusion therapy requires preapproval.	
Non-Biologically Based Mental Illness and Substance Abuse		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Limit of 30 inpatient days per calendar year; Limit of 20 outpatient visits per calendar year; One inpatient day may be exchanged for two outpatient visits.		
Biologically Based Mental Illness		
Inpatient	80% after deductible	60% after deductible
Outpatient		
In doctor's office	100% after copayment	60% after deductible
Not in doctor's office	80% after deductible	60% after deductible
Durable Medical Equipment/ Medical Supplies (including diabetic supplies) *(Requires preapproval)*	50% coinsurance	50% after deductible Combined limit of $2,500 per person per calendar year
Prescription Drugs *Prior authorization may be required. Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.*	60% after deductible	60% after deductible
Lifetime Maximum	**Unlimited**	**Unlimited**

* This is not a contract. These benefit highlights are only a summary of the standard Small Employer Health (SEH) Plan B in a Preferred Provider Organization format offered by Horizon BCBSNJ. Prior authorization may be required for certain services. This does not describe all plan designs available. If you are interested in other plan designs, please call 1-800-466-BLUE (2583).

** All payments based on our allowable amounts.

† 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 policy. In the event a conflict exists between the information contained on these 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 1-800-355-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 who move outside the service area.
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 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.

Horizon Blue Cross Blue Shield of New Jersey

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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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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