



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work<sup>®</sup>

# Horizon HMO Access

## 100/80 Plus

## Benefit Highlights

Selected PCP Copayment	Other Physician Copayment	Deductible	Maximum Out of Pocket
\$30	\$50	\$2,500	\$4,500
Family deductible and Maximum Out of Pocket are two times the individual amount. 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	In-network		
Benefit Period Maximum	Unlimited.		
Lifetime Maximum	Unlimited.		
Primary Care Physician (PCP) Selection	Not required, however, the lower copayment for PCP services is only available for a pre-selected PCP.		
Physician's Office Visits			
Physician Office Visit	100% after office visit copayment.		
Specialist Office Visit	100% after 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/postnatal visits and delivery.)	100% after \$25 copayment for initial visit only.		
Allergy Testing and Treatment	100% after office visit copayment.		
Preventive Care	100%.		
Diagnostic Procedures			
Laboratory	100% when provided by a participating laboratory.		
Outpatient X-ray/Radiology Services	Office/Free-standing 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 (CareCore) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CareCore 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 CareCore replace the need for a paper referral.			

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Benefit	In-network		
Inpatient Care			
Inpatient Hospital Services (including maternity). <i>Room and board is for a semi-private room or intensive care. All inpatient admissions require prior authorization from Horizon BCBSNJ.</i>	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.		
Ambulatory Surgery Center (ASC)	100% after \$50 copayment.		
Outpatient/ASC Physician Services	80% after deductible.		
Mental Health Services			
Inpatient	80% after deductible. (Requires pre-approval.)		
Outpatient Department	80% after deductible. (Requires pre-approval.)		
Office Setting	100% after office visit copayment.		
Substance 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 Services			
Inpatient	80% after deductible. (Requires pre-approval.)		
Outpatient Department	80% after deductible. (Requires pre-approval.)		
Office Setting	100% after office visit copayment.		
All Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at <b>1-800-626-2212</b> .			
Other Services			
Bariatric Surgery	80% after deductible. Based on Medical Policy. (Requires pre-approval.)		

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Benefit	In-network		
Other Services (cont'd)			
Diabetic Education	100% after office visit copayment.		
Diabetic Supplies	100%. (Requires pre-approval.)		
Durable Medical Equipment (DME)	50%. (Requires pre-approval.)		
Orthotics and Prosthetics (per New Jersey mandate)	100% after office visit copayment.		
Home Health Care	80% after deductible. (Requires pre-approval.)		
Hospice Care	80% after deductible. (Requires pre-approval.)		
Infertility <i>Certain fertility services are excluded.</i>	100% after office visit copayment. (Requires pre-approval.)		
Speech and Cognitive Therapy <i>(30 visit limit combined per year)</i>	100% after office visit copayment.		
Physical and Occupational Therapy <i>(30 visit limit combined per year)</i>	100% after office visit copayment.		
Skilled Nursing Facility/Extended Care Center	80% after deductible. (Requires pre-approval.)		
Therapeutic Manipulation <i>(30 visit maximum per calendar year)</i>	100% after office visit copayment.		
Vision Exam <i>Routine physical eye examinations.</i>	100%.		
Vision Hardware	Not covered.		
Prescription Drugs <i>Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.</i>	50% after full payment at the pharmacy. (No deductible applies.) Prior authorization may be required.		
Eligibility	Dependent children, including full-time students are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to age 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.		

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**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	In-network
Pre-Existing Conditions	This plan includes a 'pre-existing conditions' limitation. In general, a pre-existing condition is a medical condition diagnosed or treated during the six months prior to a covered person's enrollment date. It applies to groups of two to five eligible employees and to late enrollees in groups of six or more. (A late enrollee is a person who failed to enroll within 30 days of becoming eligible.) If a pre-existing condition exists, no benefits will be paid for 180 days after the enrollment date. The 180 days may be reduced by the time the person was covered under certain other health care coverage (Creditable Coverage) that was continuously in force to a date not more than 90 days prior to the enrollment date. Some exceptions apply to this limitation, e.g., it does not apply to covered persons under age 19 years or younger; pregnancy; a child's birth defect; genetic information, in the absence of a diagnosis of the condition related to that information; or an adopted child or child placed for adoption.
Prior Authorization	Some services/procedures require prior authorization. For a complete list, call Member Services at <b>1-800-355-BLUE (2583)</b> or visit <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .

This summary highlights the major features of the 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. Members should refer to their 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 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.

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# Prescription Plan Options

**Advantage formulary applies**

**For small employers with two to 50 eligible employees**

**Benefit Highlights\* (Effective 8/1/09)**

Option 1 (\$15/50%)	Retail Copayment	Mail-Order Copayment (up to a 90-day supply)
Generic-Preferred**	\$15	\$30
Brand-Preferred**	50%	50%
Brand-Non-Preferred**	50%	50%
Brand-Preferred maximum copayment per Rx	\$125 per 01-30 day Rx \$250 per 31-60 day Rx \$375 per 61-90 day Rx	\$250 maximum copayment on all days supplies
Brand-Non-Preferred maximum copayment per Rx	\$150 per 01-30 day Rx \$300 per 31-60 day Rx \$450 per 61-90 day Rx	\$300 maximum copayment on all days supplies
Option 2 (\$15/\$40/\$75)	Retail Copayment	Mail-Order Copayment (up to a 90 day supply)
Generic-Preferred**	\$15	\$30
Brand-Preferred**	\$40	\$100
Brand-Non-Preferred**	\$75	\$200

\* **Please note:** This is not a contract. These benefit highlights are only a summary of the additional Small Employer Health (SEH) Prescription Plans offered by Horizon Blue Cross Blue Shield of New Jersey. Prescription drug plans are not available with HSA-compatible, high-deductible plan options, Horizon MSA or Horizon Comprehensive Health Plan A. This does not describe all plan designs available. If you are interested in other plan designs, please call **1-800-466-BLUE (2583)**.

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

**Tier One: Generic-Preferred Drugs (lowest copayment)** - 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: Brand-Preferred Drugs (middle copayment)** - 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: Brand-Non-Preferred Drugs (highest copayment)** - 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.HorizonBlue.com](http://www.HorizonBlue.com) for more information. Contact your Horizon BCBSNJ representative for more information on these prescription plans.

For complete information and verification of your benefits, refer to your group health benefits policy. In the event a conflict exists between the information contained on this benefit highlight and the actual terms of your group policy, the terms of the policy will prevail. For further information on your policy, you may call Member Services at **1-800-225-1955**. This product has exclusions beyond the standard drug plan exclusions, including drugs for weight control, erectile dysfunction, smoking cessation and acne agents. Please refer to your contract for a complete list of exclusions.

## 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 type of plan by us; or, with respect to Health Maintenance Organization plans, movement of the employer's employees out of our 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 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.
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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