Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

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Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$1,000
Family	None	Two deductibles per family
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	$3,000	$5,000
Family	$6,000	$10,000
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $15 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after $30 copay A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after $30 copay Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	70% after deductible
Allergy Testing and Treatment	100%* *Copay only applies to office visit if billed.	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	70% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	70% after deductible
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 eviCore healthcare at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare 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 eviCore healthcare replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	100% after $200 copay	70% after deductible
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Department Services	100%	70% after deductible
Emergency Care		
Emergency Room	100% after $100 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	70% after deductible

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Outpatient Surgery		
Hospital Outpatient Surgery	100% after $200 copay	70% after deductible
Surgery in an Ambulatory SurgiCenter	100% after $100 copay	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	100% after $200 copay	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $30 copay	70% after deductible
Substance Abuse Services		
Inpatient	100% after $200 copay	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $30 copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100% after $200 copay	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $30 copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	Not covered	Not covered
Diabetic Education	100% after office copay	70% after deductible
Diabetic Supplies	100%	70% after deductible
Durable Medical Equipment	50%	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after $15 copay	70% after deductible
Home Health Care	100%	70% after deductible up to 100 visits
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100%	70% after deductible Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible Limited to 60 days per benefit period
Private Duty Nursing	100%	70% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $15 copay	70% after deductible 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	100% Limited to 100 days per benefit period	70% after deductible Limited to 60 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after $15 copay	70% after deductible 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after $30 copay	70% after deductible Limited to 1 per benefit period
Vision Hardware	$100 every two years	
Telemedicine	100% after $15 copay	Not Covered
Prescription Drugs	Covered under freestanding prescription program	

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Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
Pre-Existing Conditions	Not Applicable
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 to our website at **www.HorizonBlue.com**.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement (150% of CMS) for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

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.