



Advantage EPO HSA DESIGN 14

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Health Saving Account (HSA)	Employer Contribution
You may access your Health Savings Account for out of pocket expenses.	The employer and/or employee can contribute to the Health Savings Account up to the statutory maximum regardless of the individual's deductible.
Benefit	In-Network Benefits Only (Includes Bluecard network)
Benefit Period	Calendar year
Deductible	
Individual	\$2,500
Family	\$5,000
	True Family Aggregate - Entire family deductible must be met before any benefits are paid.
Coinsurance	100/50%
Maximum Out of Pocket	
Individual	\$5,000
Family	\$10,000
The deductible, coinsurance, [prescription], and copayments apply to the Maximum Out of Pocket.	
Benefit Period Maximum	Unlimited
Lifetime Maximum	Unlimited
Primary Care Physician Selection	Not Required
Doctor's Office Visits	
Primary Care Office Visit	100% after deductible and \$30 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after deductible and \$50 copay A referral is not required to visit a specialist.
Maternity Visits	100% after deductible and \$50 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% after deductible Note: A copay will only apply when an office visit is billed.
Preventive Care	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
Diagnostic Procedures	
Laboratory	100% after deductible in office setting or Labcorp 50% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% after deductible in office setting 50% after deductible in outpatient facility
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.	
<i>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.</i>	
Hospital Care	
Inpatient Admission (including maternity)	50% after deductible
Pre-admission Testing	50% after deductible
Surgery in Hospital	50% after deductible
Inpatient Physician Services	50% after deductible
Outpatient Department Services	50% after deductible



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Emergency Care	
Emergency Room	50% after deductible and \$100 facility copay
Ambulance	50% after deductible
Outpatient Surgery	
Hospital Outpatient Surgery	50% after deductible
Surgery in an Ambulatory SurgiCenter	50% after deductible
Mental Health Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after deductible and \$50 copay
Substance Abuse Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after deductible and \$50 copay
Alcohol Abuse Services	
Inpatient	50% after deductible
Outpatient department	50% after deductible
Office setting	100% after deductible and \$50 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.
Other Services	
Acupuncture	Not covered
Bariatric Surgery	Not covered
Diabetic Education	100% after deductible and office copayment (if applicable)
Diabetic Supplies	50% after deductible
Durable Medical Equipment	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible and \$30 copay
Home Health Care	50% after deductible
Hospice Care	50% after deductible
Infertility (including in-vitro fertilization)	100% after deductible and copayment (if applicable) in office setting 50% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	50% after deductible Limited to 60 days per benefit period
Private Duty Nursing	50% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after deductible and \$30 copay 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	50% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after deductible and \$30 copay 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after deductible and \$50 copay
Vision Hardware	\$100 every two years
Telemedicine	100% after deductible
Prescription Drugs (CDHRx)	50% after deductible
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 .



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24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

The Advantage EPO plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergency situations.

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.

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