



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

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
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 (May require preapproval)	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	
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		



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Horizon HMO Access 100/80 Plus Benefit Highlights* (continued)

Other Services (continued)

Freestanding Ambulatory Surgical Center

Non-Biologically Based Mental Illness***

Inpatient

Outpatient

Biologically Based Mental Illness***

Inpatient

Outpatient

Home Health Care

Durable Medical Equipment/
Medical Supplies
(including diabetic supplies)

Prescription Drugs

*Other prescription options are available.
Contact your broker or Horizon BCBSNJ
representative for details.*

Lifetime Maximum

Network Benefits**

100% after office visit copayment

80% after deductible. Limited to 30 inpatient days per calendar year.

80% after deductible. Limited to 20 visits per calendar year.

One inpatient day may be exchanged for two outpatient visits

80% after deductible

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

80% after deductible

50% after deductible; Limited to a \$2,500 maximum per calendar year
Requires preapproval

50% after full payment at the pharmacy, no deductible
Prior authorization may be required

Unlimited

* This is not a contract. These benefit highlights are only a summary of the Small Employer Health Benefits HMO Plan 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 (2585).

** 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 (2585).

Disclosure of information as required by the Health Insurance Portability and Accountability Act (HIPAA):

- 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.
- We require the employer to contribute a minimum of 10 percent to the cost of the group health benefits plan.
- 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.
- 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.
- 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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