



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]

Horizon HMO Access Basic Plan Design Benefit Highlights*

Selected Primary Care Physician (PCP) Copayment**	Other Physician Copayment	Maternity Copayment	Maximum Out of Pocket† (MOOP)	
\$25	\$50	\$25	\$5,000	
Hospital Outpatient Copayment – Laboratory and Radiology***	Hospital Outpatient Copayment – Surgery	Hospital Outpatient Copayment – Other than Laboratory or Radiology	Hospital Inpatient Copayment	SurgiCenter Copayment
\$100	\$200	\$50	\$250	\$100

Practitioner/Professional Services

Office Visits

Preventive Care

Surgery

Outpatient Out-of-Hospital Laboratory or Radiology

Maternity

Hospital Services

Inpatient Care
Semi-Private Room or
Intensive Care Unit

Outpatient Laboratory/Radiology

Outpatient Surgery

Outpatient Care – Other than
Laboratory or Radiology

Emergency Room
Copayment waived if admitted
within 24 hours

Pre-Admission Testing

Rehabilitation Services

Skilled Nursing Facility/
Extended Care Center

Hospice Care

Other Services

Therapeutic Manipulation

Network Benefits

100% after physician copayment

100% after physician copayment

100% after physician copayment

\$0 copayment; Certain radiology services require preapproval

100% after \$25 copayment; Initial office visit only

Network Benefits

\$250 hospital inpatient copayment per day, five days per admission,
\$2,500 maximum per calendar year; Unlimited days

100% after \$100 copayment; Certain radiology services require preapproval

100% after \$200 copayment

100% after Other Physician copayment

\$100 copayment

100% after Hospital Outpatient-Other than Laboratory or Radiology copayment

Subject to \$250 hospital inpatient copayment per day, five days per admission,
\$2,500 maximum per calendar year; Unlimited days; Waived if admission
immediately preceded by hospital inpatient stay

120 days combined if preapproved
\$0 copayment

100%; Unlimited days if preapproved

Network Benefits

100% after office visit
copayment

Treatment limited to 30 visits
per calendar year



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Horizon HMO Access Basic Plan Design Benefit Highlights* (continued)

Other Services (continued)

Ambulatory/SurgiCenter Care

Speech Therapy/Cognitive Rehabilitation Therapy; Physical Therapy/Occupational Therapy

Alcohol Dependence
Inpatient

Outpatient

Non-Biologically Based Mental Illness
Inpatient

Outpatient

Biologically Based Mental Illness
Inpatient

Outpatient

Durable Medical Equipment/
Medical Supplies
(including diabetic supplies)

Prescription Drugs
Member charges are excluded from the Maximum Out of Pocket amount. Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.

Lifetime Maximum

Network Benefits

\$100 copayment

100% after office visit copayment

Treatment limited to 30 visits combined per calendar year (Physical/Occupational Therapy requires preapproval)

100% after hospital inpatient copayment; Covered as any other illness

100% after office visit copayment; Covered as any other illness

100% after \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year

Limited to 30 inpatient days per calendar year; One inpatient day may be exchanged for two outpatient visits

100% after office visit copayment; Limited to 20 visits per calendar year

100% after \$250 hospital inpatient copayment per day, five days per admission, \$2,500 maximum per calendar year; Unlimited days

100% after office visit copayment

Before receiving treatment for Mental Health and Substance Abuse, you must call Magellan Behavioral Health at 1-800-626-2212 to obtain authorization for inpatient and outpatient care.

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

50%; Prior authorization may be required

Unlimited

* This is not a contract. These benefit highlights are only a summary of the standard Small Employer Health 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).

** Selection of a Primary Care Physician (PCP) is optional. The selected PCP copayment applies only to visits where the member is on the PCP's panel. Visits to other PCPs and specialists will apply the Other Physician Office Visit Copayment. Members must self-refer in accordance with other contract provisions.

*** Certain radiology services require preapproval.

† 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 1-800-555-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 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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