Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Midsize Advantage EPO DESIGN EE

Benefit	In-Network Benefits Only (Includes Bluecard network)
Benefit Period	Calendar year
Deductible	
Individual	$1,500
Family	$3000 (2 individuals per family)
Coinsurance	100/70%
Maximum Out of Pocket	
Individual	$4,000
Family	$8,000
Maximum Out of Pocket is Calendar year. The deductible, coinsurance 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 $20 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after $40 copay A referral is not required to visit a specialist.
Maternity Visits	100% after $40 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% 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% in office setting or Labcorp 70% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 70% 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 CareCore National, LLC (CCN) at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call CCN 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 CCN replace the need for a paper referral.*	
Hospital Care	
Inpatient Admission (including maternity)	70% after deductible
Room and Board	70% after deductible
Pre-admission Testing	70% after deductible
Surgery in Hospital	70% after deductible
Inpatient Physician Services	70% after deductible
Outpatient Dept. Services	70% after deductible
Emergency Care	
Emergency Room	70% after $100 facility copay
Ambulance	70% after deductible

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Outpatient Surgery	
Hospital Outpatient Surgery	70% after deductible
Surgery in an Ambulatory SurgiCenter	70% after deductible
Mental Health Services	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after $40 copay
Substance Abuse Services	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after $40 copay
Alcohol Abuse Services	
Inpatient	70% after deductible
Outpatient department	70% after deductible
Office setting	100% after $40 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Value Options at 1-800-626-2212.
Other Services	
Bariatric Surgery	Not covered
Diabetic Education	100% after office copayment
Diabetic Supplies	70% after deductible
Durable Medical Equipment	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after $20 copay
Home Health Care	70% after deductible
Hospice Care	70% after deductible
Infertility (including in-vitro fertilization)	100% after copayment in office setting 70% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	70% after deductible Limited to 60 days per benefit period
Private Duty Nursing	70% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $20 copay 70% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	70% after deductible Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after $20 copay 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after $40 copay
Vision Hardware	$100 every 2 years
Prescription Drugs	Available under a freestanding program (optional)
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**.
24/7 Nurse Line	Not Applicable

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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.

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.

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Prescription Drug Program

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
Three Tier Copayment Plan:			
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	$20	$40	$60
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	$40	$80	$120
Front End Deductible: Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
Benefit Period Maximum		Unlimited	
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectible Contraceptives		
Mandatory Generic:		Not Applicable	

Specialty Pharmacy Program:

Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Synctial Virus, and Rheumatoid Arthritis.

- Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.

Exclusions:

Anti-Obesity Drugs
Over The Counter Vitamins & Minerals
Growth Hormones (unless prior authorized)
Drugs for Cosmetic Purposes
Immunization Agents and Allergy Serum

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