



# Horizon MyWay HRA - BlueCard PPO

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Health Reimbursement Account (HRA)	Bridge	Health Coverage
	Amount not covered by the HRA. This is the amount you pay out-of-pocket to meet the Plan's remaining deductible.	Protects you if you need additional coverage. Begins after you use your annual HRA allocation and pay your bridge. Details are below.
Single: \$750/per year Family: \$1500/per year	\$750 \$1500	
	*Less any balance carried over from prior years.	
Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	\$1,500	
Family	\$3,000	
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Maximum Out of Pocket is Calendar Year. The deductible, coinsurance 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	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after deductible A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after deductible A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after deductible Female child dependents are ineligible for maternity/obstetrical benefits.	70% after deductible
Allergy Testing and Treatment	100% after deductible	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100% (no deductible)	70% (no deductible)
Well Child Exams	100% (no deductible)	70% (no deductible)
Well Child Immunizations and Lead Screening	100% (no deductible)	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% after deductible	70% after deductible
Outpatient X-ray/Radiology Services	100% after deductible	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 CareCore National, LLC (CCN) at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i>		



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<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100% after deductible	70% after deductible
Room and Board	100% after deductible	70% after deductible
Pre-admission Testing	100% after deductible	70% after deductible
Surgery in Hospital	100% after deductible	70% after deductible
Inpatient Physician Services	100% after deductible	70% after deductible
Outpatient Dept. Services	100% after deductible	70% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after deductible Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100% after deductible	70% after deductible
<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	100% after deductible	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.		
<b>Mental Health Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Inpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Bariatric Surgery	Not Covered	Not Covered
Diabetic Education	100% after deductible	70% after deductible
Durable Medical Equipment (including diabetic supplies)	50% after deductible	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible	70% after deductible
Home Health Care	100% after deductible 90 visit maximum per benefit period, direct admission	70% after deductible
Hospice Care	100% after deductible Unlimited lifetime maximum	70% after deductible
Infertility (including in-vitro fertilization)	100% after deductible Limited to 4 egg retrievals per lifetime	70% after deductible
Private Duty Nursing	100% after deductible Limited to 240 hours per benefit period	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Cognitive	100% after deductible 30 visit maximum per therapy, per benefit period	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% after deductible 120 days per benefit period, following a 3 or more day prior hospital stay.	70% after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after deductible 30 visit maximum per benefit period	70% after deductible
Routine Vision Care	100% after deductible \$100 combined maximum every 2 years	70% after deductible
<b>Prescription Drugs</b>		
Covered under freestanding prescription program		



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<b>Eligibility</b>	<p>Dependent children, including full-time students are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 19. Under certain conditions, coverage may be extended for qualified dependents up to age 31.</p> <p>Currently enrolled dependent children who would otherwise lose coverage due to any reason other than age, on or prior to September 23, 2010, will also have coverage extended to age 26, provided that they are otherwise eligible for dependents' coverage and do not have any other group or individual health care coverage.</p>
<b>Pre-Existing Conditions</b>	<p>The plan includes a "pre-existing conditions" limitation. A "pre-existing condition" is an illness or injury for which medical advice, diagnosis, care or treatment was received during the six month period immediately prior to a covered person's enrollment date. If this limitation applies, no benefits will be paid for charges incurred for the covered person's pre-existing condition until 12 months after the enrollment date. But this limitation does not apply to: pregnancy; covered dependents age 19 and under; genetic information, in the absence of a diagnosis of the condition related to that information; or a newborn child's birth defect. Other exceptions may also apply. Even if the limitation applies, the 12 month period may be reduced by the time during which a person was covered under certain other healthcare coverage (Creditable Coverage) that was continuously in force up to a date not more than 63 days prior to the enrollment date.</p>
<b>Prior Authorization</b>	<p>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 <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a>.</p>
<b>24/7 Nurse Line</b>	<p>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.</p>

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 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.

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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