



# Midsize Advantage EPO DESIGN DE

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Benefit	In-Network Benefits Only (Includes Bluecard network)
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	\$1,000
Family	\$2000 (2 individuals per family)
<b>Coinsurance</b>	100/80%
<b>Maximum Out of Pocket</b>	
Individual	\$3,500
Family	\$7,000
Maximum Out of Pocket is Calendar year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Physician Selection</b>	Not Required
<b>Doctor's Office Visits</b>	
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.
<b>Preventive Care</b>	
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%
<b>Diagnostic Procedures</b>	
Laboratory	100% in office setting or Labcorp 80% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 80% 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.	
<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 CCN replace the need for a paper referral.</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	80% after deductible
Room and Board	80% after deductible
Pre-admission Testing	80% after deductible
Surgery in Hospital	80% after deductible
Inpatient Physician Services	80% after deductible
Outpatient Dept. Services	80% after deductible
<b>Emergency Care</b>	
Emergency Room	80% after \$100 facility copay
Ambulance	80% after deductible





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<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	80% after deductible
Surgery in an Ambulatory SurgiCenter	80% after deductible
<b>Mental Health Services</b>	
Inpatient	80% after deductible
Outpatient department	80% after deductible
Office setting	100% after \$40 copay
<b>Substance Abuse Services</b>	
Inpatient	80% after deductible
Outpatient department	80% after deductible
Office setting	100% after \$40 copay
<b>Alcohol Abuse Services</b>	
Inpatient	80% after deductible
Outpatient department	80% 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.
<b>Other Services</b>	
Bariatric Surgery	Not covered
Diabetic Education	100% after office copayment
Diabetic Supplies	80% after deductible
Durable Medical Equipment	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after \$20 copay
Home Health Care	80% after deductible
Hospice Care	80% after deductible
Infertility (including in-vitro fertilization)	100% after copayment in office setting 80% after deductible in outpatient facility Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	80% after deductible Limited to 60 days per benefit period
Private Duty Nursing	80% after deductible Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay 80% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	80% 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
<b>Prescription Drugs</b>	Available under a freestanding program (optional)
<b>Eligibility</b>	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.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	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> .
<b>24/7 Nurse Line</b>	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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