



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.®

HOSPITAL / MEDICAL-SURGICAL MAJOR MEDICAL BENEFITS Middlesex County

Benefit	Calendar Year
Benefit Period	Calendar Year
Deductible (Supplemental services only)	
Individual	\$100
Family	Two individual deductibles per family
	Deductible is Calendar Year.
Coinsurance	100% (Basic services) 80% (Supplemental services)
Out of Pocket Maximum	
Individual	\$400
Family	Two limits per family
Benefit Period Maximum	Unlimited
Lifetime Maximum	Unlimited
Primary Care Physician Selection	Not Required
Doctor's Office Visits	
Office Visit	80% after deductible
Maternity Visits	80% after deductible Dependent children are eligible for maternity/obstetrical benefits.
Allergy Testing and Treatment	80% after deductible
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%
Office Diagnostic/Therapeutic Procedures	
Diagnostic Laboratory/X-ray	80% after deductible
Therapeutic X-ray	80% after deductible
Radium/Radon Therapy	80% after deductible
Hospital Care	
Inpatient Admission (including maternity)	100% Up to 365 days per benefit period
Pre-admission Testing	100%
Surgery in Hospital	100%
Bariatric Surgery	100%
Inpatient Physician Services	100%
Emergency Care	
Medical Emergency	100%
Accidental Injury	100%
Ambulance	80% after deductible
Outpatient Services	
Diagnostic Laboratory/X-ray	100% up to \$125 per benefit period
Physical Therapy	100% up to \$50 per benefit period
Therapeutic X-ray	100% up to \$500 per benefit period
Radium/Radon Therapy	100% up to \$150 per benefit period
Hospital Outpatient Surgery	100%
Surgery in an Ambulatory SurgiCenter	100%
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.	



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Mental Health Services	
	100%
Inpatient	Up to 365 days per benefit period
Outpatient department	80% after deductible
Office setting	80% after deductible
Substance Abuse Services	
	100%
Inpatient	Up to 365 days per benefit period
Outpatient department	80% after deductible
Office setting	80% after deductible
Alcohol Abuse Services	
	100%
Inpatient	Up to 365 days per benefit period
Outpatient department	100%
Office setting	80% after deductible
Inpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.	
Other Services	
Diabetic Education	80% after deductible
Diabetic Supplies	80% after deductible
Durable Medical Equipment	80% after deductible
Orthotics and Prosthetics (Per NJ mandate)	80% after deductible
Home Health Care	100% Direct Admission. 3 days reduce available inpatient days by 1. One physician visit per week
Hospice Care	100%
Infertility (including in-vitro fertilization)	80% after deductible for office services Limited to 4 egg retrievals per lifetime
Short-term Therapies: Physical, Occupational, Speech, Cognitive	80% after deductible Combined facility/professional limit of 30 visits per therapy
Private Duty Nursing	80% after deductible Limited to 240 hours per benefit period
Skilled Nursing Facility/Extended Care Center Basic benefit Supplemental benefit Physician Services	Direct Admission 2 days reduce available inpatient days by 1. 80% after deductible up to an additional 120 days per benefit period 1-7 days: one physician visit per day 8-14 days: one physician visit every other day 15-365 days: one physician visit every third day
Therapeutic Manipulation (Chiropractic Care)	80% after deductible
Routine Vision Care	Not Covered
Prescription Drugs	Covered under freestanding prescription program



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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	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; any individual or enrollee 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.
Grandfathered	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	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.

Medical-Surgical eligible services are covered up to the applicable allowance. Physicians in the Traditional Physician Network must accept our payment as payment in full. Non-participating physicians may balance bill to charges. Any balances or services not covered under Medical-Surgical or Hospital are submitted to Major Medical. Eligible Major Medical services are covered subject to deductible and coinsurance.

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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