MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND

HORIZON OMNIA HEALTH PLAN

The Middlesex County Joint Health Insurance Fund (MCJHIF) is pleased to introduce a lower cost health insurance option available January 1, 2017. This option will be offered during Open Enrollment in conjunction with the medical plans currently offered.

Please note several items when reviewing the OMNIA plan as detailed in the summary to follow:

- Referrals from a Primary Care Provider (PCP)are not required prior to obtaining care from a Specialist;
- OMNIA is a Two-Tiered network plan;
- Tier 1 refers to specific Horizon doctors, hospitals and other healthcare professionals;
- Tier 2 refers to all other providers' participating in the Horizon network. Higher cost sharing is required for members accessing Tier 2 providers;
- By following the link to the Horizon physician locater in the plan summary, members will be able to determine what providers are Tier 1 and Tier 2;
- There is no out of network coverage under the OMNIA plan;
- All OMNIA members however will be part of the Blue Card program. Under Blue Card, members visiting any provider participating in a Blue Cross or Blue Shield network across the County will receive eligible benefits at the Tier 2 level;

Detailed on the pages to follow is a summary of the OMNIA plan. The OMNIA plan offered with tiered-network plans, you have the flexibility to visit high-quality practitioners in the carrier's managed care network, with no referrals required based on two "tiers":

Tier 1 has lower out of pocket costs and refers to specific doctors, hospitals, and other healthcare professionals who offer high-quality, cost-effective care;

Tier 2 refers to providers included in the managed care network, but with slightly higher cost sharing.

HERE IS NO OUT-OF-NETWORK COVERAGE WITH THE HORIZON OMNIA PLAN
You can find Tier 1 and Tier 2 providers with the Doctor and Hospital finder at http://doctorfinder.horizonblue.com/

Horizon Blue Cross Blue Shield of New Jersey
Making Healthcare Work.

Middlesex County Joint Health Insurance Fund
OMNIA (with BlueCard)

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	$0	$1,500
Family	$0	$3,000
	Deductible is Calendar Year	
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	$2,500	$4,500
Family	$5,000	$9,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after $5 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after $20 copay
Specialist Office Visit	100% after $15 copay A referral is not required to visit a specialist.	100% after $30 copay
Maternity Visits	100% after $15 copay Copay applies to 1st visit only Dependent children are eligible for maternity/obstetrical benefits.	100% after $30 copay
Allergy Testing and Treatment	100% in office setting* *Copay only applies to office visit if billed. 100% outpatient facility	80% after deductible outpatient facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% in office or LabCorp 100% after $15 copayment in outpatient facility	100% in office or LabCorp 80% after deductible outpatient facility
X-ray/Radiology Services	100% in office 100% after $15 copayment in outpatient facility	100% in office 80% after deductible 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 eviCore at **1-866-496-6200** and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore 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 eviCore replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	$250 per day up to 5 day maximum	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Department Services (Non-Surgical)	100% after $15 copay	80% after deductible