



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work[®]



DIRECT ACCESS DESIGN 7 Education 15

Egg Harbor Township BOE

| Benefit | In-Network | Out-of-Network |
|--|---|----------------------|
| Benefit Period | Calendar Year | |
| Deductible | | |
| Individual | None | \$100 |
| Family | None | \$250 |
| | Deductible is Calendar Year. | |
| Coinsurance | 100% | 70% |
| Maximum Out of Pocket | | |
| Individual | \$400 | \$2,000 |
| Family | \$800 | \$5,000 |
| Split 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 \$15 copay A primary care physician is a general or family practitioner, internist or pediatrician | 70% after deductible |
| Specialist Office Visit | 100% after \$15 copay A referral is not required to visit a specialist. | 70% after deductible |
| Maternity Visits | 100% after \$15 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits. | 70% after deductible |
| Allergy Testing and Treatment | 100% | 70% after deductible |
| Preventive Care | | |
| Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations | 100% | 70% (no deductible) |
| Well Child Exams | 100% | 70% (no deductible) |
| Well Child Immunizations and Lead Screening | 100% | 70% (no deductible) |
| Diagnostic Procedures | | |
| Laboratory | 100% in office or Labcorp 100% in Outpatient facility | 70% after deductible |
| Outpatient X-ray/Radiology Services | 100% in office 100% in Outpatient facility | 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 eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare 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 eviCore healthcare replace the need for a paper referral.</i> | | |
| Hospital Care | | |
| Inpatient Admission (including maternity) | 100% | 70% after deductible |
| Pre-admission Testing | 100% | 70% after deductible |
| Surgery in Hospital | 100% | 70% after deductible |
| Inpatient Physician Services | 100% | 70% after deductible |
| Outpatient Dept. Services | 100% | 70% after deductible |
| Emergency Care | | |
| Emergency Room | 100% after \$50 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries. | |
| Ambulance | 90% | 70% after deductible |



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.



DIRECT ACCESS DESIGN 7 Education 15

Egg Harbor Township BOE

| | | |
|---|--|------------------------------------|
| Outpatient Surgery | | |
| Hospital Outpatient Surgery | 100% | 70% after deductible |
| Surgery in an Ambulatory SurgiCenter | 100% | 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. | | |
| Mental Health Services | | |
| Inpatient | 100% | 70% after deductible |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$15 copay | 70% after deductible |
| Substance Abuse Services | | |
| Inpatient | 100% | 70% after deductible |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$15 copay | 70% after deductible |
| Alcohol Abuse Services | | |
| Inpatient | 100% | 70% after deductible |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$15 copay | 70% after deductible |
| Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212. | | |
| Other Services | | |
| Acupuncture | 100% after office copay | 70% after deductible |
| Bariatric Surgery | 100% | 70% after deductible |
| Diabetic Education | 100% after office copay | 70% after deductible |
| Diabetic Supplies | 90% | 70% after deductible |
| Durable Medical Equipment | 90% | 70% after deductible |
| Home Health Care | 100% | 70% after deductible |
| Hospice Care | 100% | 70% after deductible |
| Infertility (including in-vitro fertilization) | 100% after office copay | 70% after deductible |
| Limited to 4 egg retrievals per lifetime | | |
| Nutritional Counseling | 100% after \$15 copay | 70% after deductible |
| Limited to 3 visits per benefit period | | |
| Orthotics and Prosthetics | 100% after \$15 copay | 70% after deductible |
| Physical Rehabilitation Facility Inpatient Services | 100% | 70% after deductible |
| Private Duty Nursing | 90% | 70% after deductible |
| Unlimited | | |
| Short-term Therapies: Physical, Occupational, Speech, Respiratory | 100% after \$15 copay | 70% after deductible |
| Skilled Nursing Facility/Extended Care Center | 100% up to 120 days | 70% after deductible up to 60 days |
| The overall maximum per benefit period is 120 days combined in and out of network. | | |
| Therapeutic Manipulation (Chiropractic Care) | 100% after office copay | 70% after deductible |
| 30 visit maximum per benefit period | | |
| Vision - Routine Eye Exam | \$15 copay with Davis Vision Provider | Not Covered |
| Vision Hardware | Davis Vision Discounts | |
| Telemedicine | 100% after \$15 copay | Not Covered |
| Prescription Drugs | | |
| Covered under a freestanding Rx program | | |
| 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. | |