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

OMNIA 10 (with BlueCard)
Shamong Board of Education

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%	100%
Maximum Out of Pocket		
Individual	$400	$2,000
Family	$800	$4,000
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.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, 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 general or family practitioner, internist or pediatrician	100% after $10 copay
Specialist Office Visit	100% after $5 copay A referral is not required to visit a specialist.	100% after $10 copay
Maternity Visits	100% after $5 copay Copay applies to 1st visit only Dependent children are eligible for maternity/obstetrical benefits.	100% after $10 copay
Allergy Testing and Treatment	100% after $5 copay *Copay only applies if office visit is billed 100% outpatient facility	100% after $10 copay 100% 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% in outpatient facility	100% in office or LabCorp 100% in outpatient facility
X-ray/Radiology Services	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 100% in outpatient facility
Advanced Imaging Services (CT/CTA,Pet Scans, MRI/MRA,	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 100% 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 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	100%	$150 copay per admission after deductible (does not apply to hospice)
Room and Board	100%	100% after deductible
Pre-admission Testing	100%	100% after deductible
Surgery in Hospital	100%	100% after deductible
Inpatient Physician Services	100%	100% after deductible
Outpatient Department Services (Non-Surgical)	100%	100% after deductible
Emergency Care		
Emergency Room	100% after $25 facility copay (copay waived if admitted) Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	100% after $25 facility copay (copay waived if admitted)
Ambulance	100%	100%

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

OMNIA 10 (with BlueCard)
Shamong Board of Education

Outpatient Surgery		
Hospital Outpatient Surgery	100%	100% after deductible
Surgery in an Ambulatory SurgiCenter	100%	100% after deductible
Mental Health Services		
Inpatient	100%	$150 copay per admission after deductible
Outpatient Department	100%	100% after deductible
Office setting	100% after $5 copay	100% after $10 copay
Substance Abuse Services		
Inpatient	100%	$150 copay per admission after deductible
Outpatient Department	100%	100% after deductible
Office setting	100% after $5 copay	100% after $10 copay
Alcohol Abuse Services		
Inpatient	100%	$150 copay per admission after deductible
Outpatient Department	100%	100% after deductible
Office setting	100% after $5 copay	100% after $10 copay
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 $5 copay office visit	100% after $10 copay office visit
Bariatric Surgery	100%	$150 copay per admission after deductible
Diabetic Education	100% after $5 copay office visit	100% after $10 copay office visit
Diabetic Supplies	100%	100%
Durable Medical Equipment	100%	100%
Orthotics and Prosthetics (Per NJ mandate)	100% after $5 copay	100% after $10 copay
Home Health Care	100%	100%
Hospice Care	100%	100%
Infertility (including in-vitro fertilization)	100% after $5 copay office visit 100% outpatient facility Limited to 4 egg retrievals per lifetime	100% after $10 copay office visit 100% after deductible in outpatient facility
Physical Rehabilitation Facility Inpatient Services	100%	$150 copay per admission after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after $5 copay office visit 100% outpatient facility 30 visit maximum per therapy, per benefit period	100% after $10 copay office visit 100% after deductible in outpatient facility
Private Duty Nursing	100% Limited to 30 visits per benefit period (8-hour shifts)	100% after deductible
Skilled Nursing Facility/Extended Care Center	100% Limited to 100 days per benefit period	$150 copay per admission after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after $5 copay office visit 25 visit maximum per benefit period	100% after $10 copay office visit
Vision - Routine Eye Exam	100% after $5 copay office visit	100% after $10 copay office visit
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to $125	
Telemedicine Services	100% after $5 copay	
Prescription Drugs	Covered under freestanding prescription 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. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.	

OMNIA 10 (with BlueCard)
Shamong Board of Education

Pre-Existing Conditions	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**.

The OMNIA 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 emergent 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.

Rate Structure

Tier 4	Non-carveout	Carveout
Single		
2 Adult		
Family		
Parent/Child		

Commissions

The above rates include a 3.5% broker commission on premium excluding ACA taxes, assessments and fees. Therefore, the actual percentage paid would be slightly less than the 3.5% of premium including these taxes.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official:

Signature:

Laura Archer

Print:

School Business Administrator

Title:

Date: