# *DIRECT ACCESS DESIGN EDU PLAN*
## *Warren Hills BOE*

| Benefit | In-Network | Out-of-Network |
|---|---|---|
| **Benefit Period** | Calendar Year | |
| **Deductible** | | |
| Individual | None | $350 |
| Family | None | $700 |
| | Deductible is Calendar Year. | |
| **Coinsurance** | 100% | 70% |
| **Maximum Out of Pocket** | | |
| Individual | $500 | $2,000 |
| Family | $1,000 | $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 $10 copay<br>A primary care physician is a general or family practitioner, internist or pediatrician | 70% after deductible |
| Specialist Office Visit | 100% after $15 copay<br>A referral is not required to visit a specialist. | 70% after deductible |
| Maternity Visits | 100% after $15 copay<br>Copay applies to 1st visit only<br>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 in a Preferred Lab<br>100% in Outpatient facility | 70% after deductible |
| Outpatient X-ray/Radiology Services | 100% in office<br>100% in Outpatient facility | 70% after deductible |
| CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. 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.<br><br>*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.* | | |
| **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 $125 copay<br>Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries. | |
| Ambulance | 90% | 70% after deductible |
| **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 $15 copay | 70% after deductible<br>maximum allowance per visit up to $60<br>Unlimited |
| Bariatric Surgery | 100% | 70% after deductible |
| Diabetic Education | 100% after $15 copay | 70% after deductible |
| Diabetic Supplies | 100% | 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 $15 copay<br>Limited to 4 egg retrievals per lifetime | 70% after deductible |
| Nutritional Counseling | 100% after $15 copay<br>Limited to 3 visits per benefit period | 70% after deductible |
| Orthotics and Prosthetics | 100% after $10 copay | 70% after deductible |
| Physical Rehabilitation Facility Inpatient Services | 100% | 70% after deductible |
| Private Duty Nursing | 90%<br>Unlimited | 70% after deductible |
| Physical Therapy | 100% after $15 copay<br>Unlimited | 70% after deductible<br>maximum allowance per visit up to $52 |
| Short-term Therapies: Occupational, Speech, Respiratory | 100% after $15 copay | 70% after deductible |
| Skilled Nursing Facility/Extended Care Center | 100% up to 120 days<br>The overall maximum per benefit period is 120 days combined in and out of network. | 70% after deductible up to 60 days |
| Therapeutic Manipulation (Chiropractic Care) | 100% after office copay<br>30 visit maximum per benefit period | 70% after deductible |
| Vision - Routine Eye Exam | 100% after $15 copay | Not Covered |
| Vision Hardware | Not Covered | |
| Telemedicine | 100% after $15 copay | Not Covered |
| **Prescription Drugs** | Covered Under Free Standing Rx Plan | |
| **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** | Not Applicable | |
| | | |
| **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. | |

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You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

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.