



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare WorkSM

Horizon PPO - 80/80/60

Benefit Highlights*

	In Network**	Out of Network**
Annual Deductible	\$1,000, \$1,500 or \$2,500 (two per family maximum)	
Coinsurance	80%	60%
	\$10,000 coinsured charge limit	
Practitioner Services	In Network**	Out of Network**
Office Visits	80%, no deductible applies	60% after deductible
Preventive Care	\$500 per covered dependent child through end of calendar year in which child attains age one; \$300 maximum per covered person for all other covered family members per calendar year. Not subject to deductible or coinsurance.	
Surgery		
In doctor's office	80%, no deductible applies	60% after deductible
Not in doctor's office	80% after deductible	60% after deductible
Radiology and Laboratory		
In doctor's office	80%, no deductible applies	60% after deductible
Not in doctor's office	80%, no deductible applies	60% after deductible
Maternity	80%, no deductible applies	60% after deductible
Hospital Services	In Network**	Out of Network**
Inpatient Care		
Semi-Private Room or Intensive Care Unit	80% after deductible	60% after deductible and \$200 copay per day, \$1,000 maximum per stay, \$2,000 maximum per calendar year per person.
Maternity	80% after deductible	60% after deductible and \$200 copay per day, \$1,000 maximum per stay, \$2,000 maximum per calendar year per person.
Hospital Outpatient Care	80% after deductible	60% after deductible
Emergency Room		
Copayment waived if admitted within 24 hours.	\$50 copay, 80%, no deductible applies	60% after deductible and \$50 copay. The in-network coinsurance will apply if the subscriber calls Horizon BCBSNJ within 48 hours or as soon as reasonably possible.
Pre-Admission Testing	80% after deductible	60% after deductible
Extended Care/Rehabilitation		
Limit of 120 days per calendar year.	80% after deductible Must begin within 14 days of preceding hospital stay. Requires preapproval.	60% after deductible
Hospice Care	80% after deductible Requires preapproval.	60% after deductible Requires preapproval.



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Benefit Highlights* (continued)

Other Services	In Network**	Out of Network**
Therapeutic Manipulation Limit of 30 visits per calendar year. In doctor's office Not in doctor's office	80%, no deductible applies 80% after deductible	60% after deductible 60% after deductible
Therapy Services	Speech and cognitive rehabilitation therapies have a combined limit of 30 visits per calendar year. Occupational and physical therapies have a combined limit of 30 visits per calendar year. Chelation therapy, chemotherapy, dialysis treatment, radiation therapy and respiratory therapy are covered as any other illness. Infusion therapy requires preapproval.	
Non-Biologically Based Mental Illness and Substance Abuse Inpatient Outpatient	80% after deductible 80% after deductible	60% after deductible and hospital copay 60% after deductible
	Limit of 30 inpatient days per calendar year. Limit of 20 outpatient visits per calendar year. One inpatient day may be exchanged for 2 outpatient visits.	
Biologically Based Mental Illness Inpatient Outpatient In doctor's office Not in doctor's office	80% after deductible 80%, no deductible applies 80% after deductible	60% after deductible and hospital copay 60% after deductible 60% after deductible
Durable Medical Equipment/ Medical Supplies In doctor's office Not in doctor's office	80%, no deductible applies 80% after deductible	60% after deductible 60% after deductible
Prescription Drugs Other prescription options are available. Contact your broker or Horizon BCBSNJ representative for details.	60% after deductible	60% after deductible
Lifetime Maximum	Unlimited	

* This is not a contract. This benefit highlights is only a summary of the standard Small Employer Health (SEH) Plan B in a Preferred Provider Organization format offered by Horizon BCBSNJ. [Precertification may be required for certain services listed.](#)

** All payments based on our allowable amounts.

All payments based on medical necessity and appropriateness of services. For complete information and verification of all your benefits, refer to your group health benefits policy. In the event a conflict exists between the information contained on this benefit highlights and the actual terms of your group policy, the terms of the policy will prevail. For further information on your policy, you may also call Customer Service at **1-800-355-BLUE**.

Disclosure of information as required by the Health Insurance Portability and Accountability Act:

- We will continue to renew coverage at the option of the plan sponsor except for the following reasons:
 - Nonpayment of premiums, fraud, violation of contribution or participation rules, termination of the plan by us or enrollees who move outside the service area.
- We require the employer to contribute a minimum of 10 percent of the cost of the group health benefits plan.
- We require 75 percent of your eligible employees (those working 25 hours or more) to participate in a group plan you offer. Those covered by a spouse's group plan will count towards the 75 percent. All affiliated, subsidiary, commonly owned companies count as one company.
- A pre-existing condition is a medical condition diagnosed or treated in the six months prior to the effective date of coverage. This applies to groups of two to five eligible employees and to late enrollees in groups of six or more (those not enrolling within 30 days of being eligible). Prior coverage may be credited toward satisfying pre-existing condition if that coverage did not lapse more than 90 days prior to the effective date.
- Our service area spans all 21 counties of New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren.