

**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY**  
**DIRECT ACCESS**  
**CARLSTADT BOARD OF EDUCATION**

**In-Network** - Horizon BCBSNJ's payment for eligible expenses when services are obtained from one of the providers in our Managed Care Network or a provider who participates in other BCBS organization's BlueCard network. Horizon BCBSNJ reimburses both Primary Care physicians and Specialists at the applicable allowance on a fee for service basis. The member will not be responsible for any balance bill. Direct Access provides the highest level of benefits for in-network services and the member does not have to file claims.

**Out-of-Network** - Horizon BCBSNJ's payment for eligible services that are not obtained from one of the providers in our Managed Care Network or the BCBS organization's BlueCard network. The member may see any physician if he/she is willing to pay a greater share of the costs. Horizon BCBSNJ reimburses participating providers at the applicable allowance. Non-network providers are reimbursed up to our applicable allowance and may balance bill to charges. An annual deductible and a coinsurance applies to all eligible medical and most supplemental services. Once the member reaches the out of pocket maximum, Horizon pays 100% of the appropriate allowance for eligible services for the rest of the year. There is a lifetime maximum for each member. The member is responsible for complying with all utilization review and cost containment programs.

	In-Network	Out-of-Network
<b>ALL SERVICES</b>		
Benefit Period	Calendar Year	
Deductible (Total combined per year)		
Hospital/Facility	None	\$100 per indiv./2.5 ded. per family
Professional	None	\$100 per indiv./2.5 ded. per family
Supplemental	None	\$100 per indiv./2.5 ded. per family
Coinsurance		
Hospital/Facility	100%	70%
Professional	100%	70%
Supplemental	100%	70%
Out-of-Pocket Maximum (excluding deductible)	\$400 per ind./\$800 per family	\$2,000 per ind./\$5,000 per family
Maximums		
Benefit Period	None	\$5,000,000
Lifetime	None	\$5,000,000
<b>HOSPITAL/FACILITY SERVICES</b>		
<b>Inpatient Services</b>		
Room & Board (semi-private room)	100%	70% after \$200 deductible/confinement
Intensive Care & Other Hospital Services (therapy/diagnostic services, blood administration, general nursing, operating room, etc.)	100%	70% after \$200 deductible/confinement
Maternity Benefits (includes dependents)	100%	70% after \$200 deductible/confinement
Organ Transplants (Includes ABMT)	100%	70% after \$200 deductible/confinement

	In-Network	Out-of-Network
<b>Outpatient Services</b>		
Hospital Services (operating room, blood administration, general nursing, therapy/diagnostic services, etc.)	100%	70% after deductible
Pre-Admission Testing	100%	70% after deductible
Medical Emergency/Accidental Injury	100% after \$25 copay (\$25 copay applies to facility charges)	
Surgical Center	100%	70% after deductible
Skilled Nursing Facility	100% up to 120 days	70% after deductible up to 60 days
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
<b>PHYSICIAN SERVICES</b>		
Inpatient Services	In-Network	Out-of-Network
Medical Care (including consultations)	100%	70% after deductible
Surgical Services (including assistant surgeon and anesthesia)	100%	70% after deductible
Obstetrical Services (i.e., normal delivery, cesarean section, abortion)--includes dependents	100%	70% after deductible
Diagnostic/Therapy Services	100%	70% after deductible
<b>Outpatient/Out-of-Hospital Services</b>		
Office Visits (including allergy testing, related diagnostic/therapy services) when medically necessary	100% after \$5 copay	70% after deductible
Medical and Surgical Care (including related diagnostic/therapy services)	100% after \$5 copay	70% after deductible
Diagnostic X-ray and Lab	100%	70% after deductible
Maternity Care (includes dependents)	100% after \$5 copay (first visit only)	70% after deductible
Infertility (includes in-vitro fertilization per NJ Mandate)	100% after \$5 copay 4 egg retrievals per lifetime	70% after deductible
Well Child Care (through age 19)	100% after \$5 copay	70% (no deductible)
Child Immunizations/Lead Screening (NJ Mandate)	100% after \$5 copay	70% (no deductible)
Routine Physicals (beginning at age 20) (Health Wellness NJ Mandate)	100% after \$5 copay 1 per year	70% (no deductible)
Prostate Screening (NJ Mandate)	100% after \$5 copay Men age 40 and over, 1 per year	70% (no deductible)
Annual Routine Ob/Gyn Exam	100% after \$5 copay	70% (no deductible)
NJ Pap & Mammography Mandates	100% after \$5 copay 1 per Benefit Period	70% (no deductible)
Short Term Therapies: Physical, Speech, Occupational, Respiratory/Inhalation Therapy	100% after \$5 copay	70% after deductible
Therapeutic Manipulations	100% after \$5 copay 30 visits per benefit period	70% after deductible
Vision Care	100% after \$5 copay	70% after deductible

<b>SUPPLEMENTAL SERVICES</b>		
Ambulance (Ground Transport Only)	100%	70% after deductible
Air Ambulance	100%	70% after deductible
Private Duty Nursing	100%	70% after deductible
Durable Medical Equipment	100%	70% after deductible
Diabetic Supplies (NJ Mandate)	100%	70% after deductible
Diabetic Education (NJ Mandate)	100% after applicable copayment	70% after deductible
Prescription Drugs	Covered under free-standing plan	
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Oxygen & Administration	100%	70% after deductible
Nutrition	100% after \$5 copay, 3 visits per year	No Benefit
Blood Charges	100%	70% after deductible
<b>MENTAL HEALTH **</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
Inpatient Physician Services	100%	70% after deductible
Inpatient Facility Services	100% up to 25 days per BP, then 90% up to 10 days per BP 50 days per lifetime combined in and out-of-network 1st 25 days in network per BP do not accumulate towards the lifetime limit	50% up to 50 days per BP, after \$200 deductible/confinement
Outpatient Services	90%	70% after deductible
Group Therapy	90%	70% after deductible
150 visits per BP combined in and out of network 450 visits per lifetime combined in and out of network		
<b>** All Mental Health/Substance Abuse Care Services must be coordinated through the Horizon BCBSNJ/Magellan Behavioral Health Program.            Biologically Based Mental Illnesses will be paid as any other medical condition pursuant to NJ state mandate.            *Drug abuse is covered as any other illness</b>		
<b>COST MANAGEMENT</b>		
Catastrophic Case Management	Covered	Covered
Pre-Admission Review	Physician Network Responsibility In State Member Responsibility Out of State	Member Responsibility Must comply or coinsurance will not accumulate toward the out-of-pocket max
<b>ELIGIBILITY</b>		
Children covered to the end of the calendar year in which they turn age 23. Handicapped dependents covered beyond the child removal age, if the handicap occurred prior to age 23.		

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.

