



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work<sup>®</sup>

## Advantage EPO Edison Township Board of Education

Benefit	In-Network Benefits Only (Includes Bluecard network)
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	None
Family	None
<b>Coinsurance</b>	100%
<b>Maximum Out of Pocket</b>	
Individual	\$2,500
Family	\$5,000
Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription and copayments apply to the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Physician Selection</b>	Not Required
<b>Doctor's Office Visits</b>	
Primary Care Office Visit	100% after \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% Note: A copay will only apply when an office visit is billed.
<b>Preventive Care</b>	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
<b>Diagnostic Procedures</b>	
Laboratory	100% in office setting or in a Preferred Lab 100% in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 100% in outpatient facility
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 <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at <b>1-866-969-1234</b> 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</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	100% after \$250 copay per day (up to 5 days)
Pre-admission Testing	100%
Surgery in Hospital	100%
Inpatient Physician Services	100%
Outpatient Dept. Services	100%
<b>Emergency Care</b>	
Emergency Room	100% after \$100 facility copay
Ambulance	100%
<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	100% after \$200 copay
Surgery in an Ambulatory SurgiCenter	100% after \$100 copay



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<b>Mental Health Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
<b>Substance Abuse Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
<b>Alcohol Abuse Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.
<b>Other Services</b>	
Acupuncture	100% after \$40 copay
Bariatric Surgery	100%
Diabetic Education	100% after office copayment
Diabetic Supplies	100%
Durable Medical Equipment	50%
Orthotics and Prosthetics (Per NJ mandate)	100% after \$20 copay
Home Health Care	100%
Hospice Care	100%
	100% after copayment in office setting 100% in outpatient facility Limited to 4 egg retrievals per lifetime
Infertility (including in-vitro fertilization)	
Physical Rehabilitation Facility	100%
Inpatient Services	Limited to 60 days per benefit period
	100%
Private Duty Nursing	Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copayment 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	100% Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after \$20 copayment 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$40 copay
Vision Hardware	\$50 every two years
<b>Prescription Drugs</b>	Covered under a freestanding prescription program



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<b>Eligibility</b>	Dependent children, including full-time students, are covered until the end of the month 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.
<b>Pre-Existing Conditions</b>	Not applicable
<b>Prior Authorization</b>	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 <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	Not applicable

The Advantage EPO 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 emergency situations.

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.

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