



## ADVANTAGE EPO HSA DESIGN 12

Health Saving Account (HSA)	Employer Contribution
You may access your Health Savings Account for out of pocket expenses.	The employer and/or employee can contribute to the Health Savings Account up to the statutory maximum regardless of the individual's deductible.
Benefit	In-Network Benefits Only (Includes BlueCard® network)
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
	True Family Aggregate - Entire family deductible must be met before any benefits are paid.
<b>Coinsurance</b>	100/80%
<b>Maximum Out of Pocket</b>	
Individual	\$4,000
Family	\$8,000
<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 deductible and \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after deductible and \$40 copay A referral is not required to visit a specialist.
Urgent Care Visit	100% after deductible and \$40 copay A referral is not required to visit a specialist.
Maternity Visits	100% after deductible and \$40 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% after deductible 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% after deductible in office setting or in a Preferred Lab 80% after deductible in outpatient facility
Outpatient X-ray/Radiology Services	100% after deductible in office setting 80% after deductible 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 <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	80% after deductible
Pre-admission Testing	80% after deductible
Surgery in Hospital	80% after deductible
Inpatient Physician Services	80% after deductible
Outpatient Department Services	80% after deductible



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<b>Emergency Care</b>	
Emergency Room	80% after deductible and \$100 facility copay
Ambulance	80% after deductible
<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	80% after deductible
Surgery in an Ambulatory SurgiCenter	80% after deductible
<b>Mental Health Services</b>	
Inpatient	80% after deductible
Outpatient department	80% after deductible
Office setting	100% after deductible and \$40 copay
<b>Substance Abuse Services</b>	
Inpatient	80% after deductible
Outpatient department	80% after deductible
Office setting	100% after deductible and \$40 copay
<b>Alcohol Abuse Services</b>	
Inpatient	80% after deductible
Outpatient department	80% after deductible
Office setting	100% after deductible and \$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	Not covered
Bariatric Surgery	Not covered
Diabetic Education	100% after deductible and office copayment (if applicable)
Diabetic Supplies	80% after deductible
Durable Medical Equipment	50% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible and \$20 copay
Home Health Care	80% after deductible
Hospice Care	80% after deductible
Infertility (including in-vitro fertilization)	100% after deductible and copayment (if applicable) in office setting
	80% after deductible in outpatient facility
	Limited to 4 egg retrievals per lifetime
Physical Rehabilitation Facility Inpatient Services	80% after deductible
	Limited to 60 days per benefit period
Private Duty Nursing	80% after deductible
	Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after deductible and \$20 copay
	30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	80% after deductible
	Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after deductible and \$20 copay
	25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after deductible and \$40 copay
Vision Hardware	\$100 every two years
Telemedicine	100% after deductible and \$15 copay
<b>Prescription Drugs (CDHRx)</b>	
	80% after deductible
<b>Eligibility</b>	
	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.
<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> .



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<b>24/7 Nurse Line</b>	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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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.