



Horizon State Defector HSA Cherry Hill Township

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	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	\$1700 Single/\$3400 True Family Deductible	
Family	True Family Aggregate - Entire family deductible must be met before any benefits are paid.	
	Deductible is Calendar Year.	
Coinsurance	80%	60%
Maximum Out of Pocket		
Individual	\$2,600	\$3,600
Family	\$5,200	\$7,200
Maximum Out of Pocket accumulates on True Family Aggregate		
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	80% after deductible A primary care physician is a general or family practitioner, internist or pediatrician	60% after deductible
Specialist Office Visit	80% after deductible A referral is not required to visit a specialist.	60% after deductible
Urgent Care	80% after deductible	60% after deductible
Maternity Visits	80% after deductible Female child dependents are eligible for maternity/obstetrical benefits.	60% after deductible
Allergy Testing and Treatment	80% after deductible	60% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100% (no deductible)	60% (no deductible)
Well Child Exams	100% (no deductible)	60% (no deductible)
Well Child Immunizations and Lead Screening	100% (no deductible)	60% (no deductible)
Diagnostic Procedures		
Laboratory	80% after deductible	60% after deductible
Outpatient X-ray/Radiology Services	80% after deductible	60% 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.		
Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers		
Hospital Care		
Inpatient Admission (including maternity)	80% after deductible	60% after deductible
Pre-admission Testing	80% after deductible	60% after deductible
Surgery in Hospital	80% after deductible	60% after deductible
Inpatient Physician Services	80% after deductible	60% after deductible
Outpatient Dept. Services	80% after deductible	60% after deductible



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Emergency Care		
Emergency Room	80% after deductible Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	80% after deductible	60% after deductible
Outpatient Surgery		
Hospital Outpatient Surgery	80% after deductible	60% after deductible
Surgery in an Ambulatory SurgiCenter	80% after deductible	60% 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	80% after deductible	60% after deductible
Outpatient department	80% after deductible	60% after deductible
Office setting	80% after deductible	60% after deductible
Substance Abuse Services		
Inpatient	80% after deductible	60% after deductible
Outpatient Substance Abuse	80% after deductible	60% after deductible
Office setting	80% after deductible	60% after deductible
Alcohol Abuse Services		
Inpatient	80% after deductible	60% after deductible
Outpatient department	80% after deductible	60% after deductible
Office setting	80% after deductible	60% 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		
Bariatric Surgery	80% after deductible	60% after deductible
Diabetic Education	80% after deductible	60% after deductible
Diabetic Supplies	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Orthotics and Prosthetics (Per NJ mandate)	80% after deductible	60% after deductible
Physical Rehabilitation Facility Inpatient Services	80% after deductible	60% after deductible Unlimited days
Home Health Care	80% after deductible	60% after deductible
Hospice Care	80% after deductible	60% after deductible
Infertility (including in-vitro fertilization)	80% after deductible	60% after deductible Limited to 4 egg retrievals per lifetime
Private Duty Nursing	80% after deductible	60% after deductible Unlimited
Short-term Therapies: Physical, Occupational, Speech, Respiratory	80% after deductible	60% after deductible Unlimited visits
Skilled Nursing Facility/Extended Care Center	80% after deductible Limited to 120 days per benefit period The overall maximum per benefit period is 120 days combined in and out of network.	60% after deductible Limited to 60 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	80% after deductible	60% after deductible 30 visit maximum per benefit period
Vision - Routine Eye Exam	80% after deductible	60% after deductible
Vision Hardware	Not covered	
Telemedicine	80% after deductible	Not covered
Prescription Drugs (CDHRx)	80% after deductible	



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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.
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.

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.

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I represent that by signing this document that I have the legal authority to accept these terms.

Group Official:

Signature:

Print:

Title:

Date: