

**SHAMONG TOWNSHIP BOARD OF EDUCATION
SHIF HORIZON OMNIA AND HORIZON OMNIA**

	Horizon OMNIA SHIF Horizon OMNIA is the exact same OMNIA Plan	
	In-Network Tier One	In-Network Tier Two
Service Area	Restricted	Restricted
PCP Selection/Referral Requirement	No	No
Hospital In-patient	100%	100% after deductible and \$150 copay per admission
Skilled Nursing Facility	100%	100% after deductible and \$150 copay per admission
	100 days per calendar year	
Hospital Pre-Admission Testing	100%	100% after deductible
Physician (Surgery)	Inpatient - 100% Outpatient – 100%	Inpatient - 100% after deductible and \$150 copay per admission Outpatient – 100%
Primary Care (Office Visits)	100% after \$5 copay	100% after \$10 copay
Specialist (Office Visits)	100% after \$5 copay	100% after \$10 copay
Chiropractic	100% after \$5 copay	100% after \$10 copay
	25 visits per calendar year	
Emergency Room	100% after \$25 copay	
Durable Medical Equipment	100%	100%

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Well-Child Immunizations	100%	100%
Routine Adult Physical Exams	100%	100%
X-Rays/Lab Tests	100%	100% after deductible
Maternity (Physician)	100%, after \$5 copay for initial visit	100%, after \$10 copay for initial visit
Well Child Care	100%	100%
Alcohol Abuse (Office visit)	100% after \$5 copay	100% after \$10 copay
Alcohol Abuse (In-patient)	100%	100% after deductible and \$150 copay per admission
Mental Health (Inpatient)	100%	100% after deductible and \$150 copay per admission
Mental Health/Alcohol Abuse (Office visit)	100% after \$5 copay	100% after \$10 copay
Physical/Speech Therapy	100% after \$5 copay	100% after \$10 copay
	30 visits per calendar year	
Ambulance	100%	100%

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Foot Orthotics	100% after \$5 copay	100% after \$10 copay
Oxygen & Administration	100%	100% after deductible
Diabetes Supplies	100% after \$5 copay	100% after \$10 copay
Home Health Care	100%	100%
Hospice	100%	100%
Deductibles (Individual)	None	\$1,500
Deductibles (Family Maximum)	None	\$3,000
Maximum Out-of-Pocket (Individual)	\$400	\$2,000
Maximum Out-of-Pocket (Family)	\$800	\$4,000
Maximum Plan Covered Expenses Annual/Lifetime	Unlimited	