

DIRECT ACCESS DESIGN 8

Warren Hills Regional Board of Education

| Benefit | In-Network | Out-of-Network |
|--|---|--------------------------------------|
| Benefit Period | Calendar Year | |
| Deductible | | |
| Individual | None | \$1,000 |
| Family | None | \$3,000 |
| | Deductible is Calendar Year. | |
| Coinsurance | 100% | 70% |
| Maximum Out of Pocket | | |
| Individual | \$1,500 | \$2,000 |
| Family | \$3,000 | \$5,000 |
| Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance prescription 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 | Unlimited |
| Lifetime Maximum | Unlimited | Unlimited |
| Primary Care Physician Selection | Not Required | |
| Doctor's Office Visits | | |
| Primary Care Office Visit | 100% after \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician | 70% after deductible |
| Specialist Office Visit | 100% after \$20 copay A referral is not required to visit a specialist. | 70% after deductible |
| Maternity Visits | 100% after \$20 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits. | 70% after deductible |
| Allergy Testing and Treatment | 100% | 70% after deductible |
| Preventive Care | | |
| Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations | 100% | 70% (no deductible) |
| Well Child Exams | 100% | 70% (no deductible) |
| Well Child Immunizations and Lead Screening | 100% | 70% (no deductible) |
| Diagnostic Procedures | | |
| Laboratory | 100% in Office or Labcorp 100% in Outpatient facility | 70% after deductible |
| Outpatient X-ray/Radiology Services | 100% in office 100% in Outpatient facility | 70% after deductible |
| CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. 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. | | |
| <i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore healthcare replace the need for a paper referral.</i> | | |
| Hospital Care | | |
| Inpatient Admission (including maternity) | 100% after \$500 copay per admission | 70% after deductible and \$500 copay |
| Pre-admission Testing | 100% | 70% after deductible |
| Surgery in Hospital | 100% | 70% after deductible |
| Inpatient Physician Services | 100% | 70% after deductible |
| Outpatient Dept. Services | 100% | 70% after deductible |
| Emergency Care | | |
| Emergency Room | 100% after \$100 facility copayment Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries. | |
| Ambulance | 100% | 70% after deductible |

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| Outpatient Surgery | | |
| Hospital Outpatient Surgery | 100% | 70% after deductible |
| Surgery in an Ambulatory SurgiCenter | 100% | 70% after deductible and \$300 copay |
| 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 | 100% after \$500 copay per admission | 70% after deductible and \$500 copay |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$20 copay | 70% after deductible |
| Substance Abuse Services | | |
| Inpatient | 100% after \$500 copay per admission | 70% after deductible and \$500 copay |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$20 copay | 70% after deductible |
| Alcohol Abuse Services | | |
| Inpatient | 100% after \$500 copay per admission | 70% after deductible and \$500 copay |
| Outpatient department | 100% | 70% after deductible |
| Office setting | 100% after \$20 copay | 70% 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 | 100% | 70% after deductible |
| Diabetic Education | 100% after \$20 copay | 70% after deductible |
| Diabetic Supplies | 100% | 70% after deductible |
| Durable Medical Equipment | 100% | 70% after deductible |
| Home Health Care | 100% | 70% after deductible |
| Hospice Care | 100% | 70% after deductible |
| Infertility (including in-vitro fertilization) | 100% after \$20 copay Limited to 4 egg retrievals per lifetime | 70% after deductible |
| Nutritional Counseling | 100% after \$20 copay Limited to 3 visits per benefit period | 70% after deductible |
| Orthotics and Prosthetics (Per NJ mandate) | 100% after \$20 copay | 70% after deductible |
| Physical Rehabilitation Facility | | |
| Inpatient Services | 100% | 70% after deductible |
| Private Duty Nursing | 100% | 70% after deductible |
| Short-term Therapies: Physical, Occupational, Speech, Respiratory | 100% after \$20 copay | 70% after deductible |
| Skilled Nursing Facility/Extended Care Center | 100% up to 120 days | 70% after deductible up to 60 days |
| Therapeutic Manipulation (Chiropractic Care) | 100% after \$20 copay Unlimited | 70% after deductible |
| Vision - Routine Eye Exam | Not covered | Not covered |
| Vision Hardware | Not covered | Not covered |
| Telemedicine | 100% after \$15 copay | Not covered |
| Prescription Drugs | | |
| Covered under a freestanding program | | |
| Eligibility | | |
| 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. | | |

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| Pre-Existing Conditions | Not applicable |
| Grandfathered | Not applicable |
| 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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