Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

DIRECT ACCESS DESIGN NJEHP PLAN

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	$350
Family	None	$700
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	$500	$2,000
Family	$1,000	$5,000
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	100% after $10 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after $15 copay A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after $15 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 in a Preferred Lab 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. 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 from eviCore healthcare replace the need for a paper referral.*		
Hospital Care		
Inpatient Admission (including maternity)	100%	70% after deductible
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 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	90%	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
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%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 copay	70% after deductible
Substance Abuse Services		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 copay	70% after deductible
Alcohol Abuse Services		
Inpatient	100%	70% after deductible
Outpatient department	100%	70% after deductible
Office setting	100% after $15 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		
Acupuncture	100% after $15 copay Unlimited	70% after deductible maximum allowance per visit up to $60
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after $15 copay	70% after deductible
Diabetic Supplies	100%	70% after deductible
Durable Medical Equipment	90%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after $15 copay Limited to 4 egg retrievals per lifetime	70% after deductible
Nutritional Counseling	100% after $15 copay Limited to 3 visits per benefit period	70% after deductible
Orthotics and Prosthetics	100% after $15 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	90% Unlimited	70% after deductible
Physical Therapy	100% after $15 copay Unlimited	70% after deductible maximum allowance per visit up to $52
Short-term Therapies: Occupational, Speech, Respiratory	100% after $15 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days The overall maximum per benefit period is 120 days combined in and out of network.	70% after deductible up to 60 days
Therapeutic Manipulation (Chiropractic Care)	100% after office copay 30 visit maximum per benefit period	70% after deductible
Vision - Routine Eye Exam	100% after $15 copay	Not Covered
Vision Hardware	Not Covered	
Telemedicine	100% after $15 copay	Not Covered
Prescription Drugs	Covered under a freestanding Rx program	