

Township of Union Board of Education
Health Care Renewal
For the Period of March 1, 2013 through February 28, 2014

Current 2012	Renewal 2013
Horizon BCBSNJ	Horizon BCBSNJ

Carrier Code: 01 Horizon BCBS of NJ Med/Rx
Direct Access POS 10 Medical INC Rx

Single	\$	662.91	\$	696.06
Family	\$	1,657.26	\$	1,740.12
H/W	\$	1,491.52	\$	1,566.10
P/C	\$	928.07	\$	974.47

Carrier Code: 21 Horizon BCBSNJ Med/Rx
Direct Access POS 15 Medical INC Rx

Single	\$	631.07	\$	662.62
Family	\$	1,577.67	\$	1,656.55
H/W	\$	1,419.90	\$	1,490.90
P/C	\$	883.49	\$	927.66

Carrier Code: 31 Horizon BCBS of NJ POS Medical
POS Medical

Single	\$	429.93	\$	451.43
Family	\$	1,074.83	\$	1,128.57
H/w	\$	967.35	\$	1,015.72
P/C	\$	601.91	\$	632.01

Carrier Code: 31 Horizon BCBS of NJ POS Medical
RX * Take with POS/31 Medical*

Single	\$	184.10	\$	193.31
Family	\$	460.25	\$	483.26
H/W	\$	414.22	\$	434.93
P/C	\$	257.74	\$	270.63

Carrier Code: 90 Horizon BCBS of NJ POS Medical
Direct Access POS 10 Medical Inc Rx

Single	\$	796.55	\$	836.38
Family	\$	1,975.42	\$	2,074.19
H/W	\$	1,736.46	\$	1,823.28
P/C	\$	1,115.16	\$	1,170.92

Carrier Code: 91 Horizon BCBS of NJ POS Medical

Direct Access POS 15 Medical Inc Rx

Single	\$	758.73	\$	796.67
Family	\$	1,881.84	\$	1,975.72
H/W	\$	1,654.03	\$	1,736.73
P/C	\$	1,062.22	\$	1,115.33

Dependent to 31 Rates

Direct Access POS 10 Medical Inc Rx

Single			\$	423.20
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Direct Access POS 15 Medical Inc Rx

Single			\$	402.89
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POS Plan with Rx Card (med rx rates combined)

Single			\$	274.47
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Pension and benefit legislation: How the changes affect you

Summary of changes under P.L. 2011, c.78, effective June 28, 2011

P.L. 2011, c.78.

PREVIOUS LAWS

PROVISIONS

**Post-retirement medical benefits—
premium sharing and eligibility**

No premium sharing for post-retirement medical benefits.

No premium sharing for members with 20 or more years of service as of effective date. For members with fewer than 20 years of service as of effective date, mandatory premium sharing based on pension. See attached chart for amounts. Members must still obtain at least 25 years of creditable service and be eligible for retirement to qualify for post-retirement medical benefits.

Premium sharing for active members

1.5% of salary, pursuant to P.L. 2010, c. 2.

3% - 35% of premium, based on salary and level of coverage. Phased in over 4 years for current employees. Cannot be less than 1.5% of salary. See attached chart for amounts and phase-in schedule.

**Section 125 plans
(allows payment of premium with pre-tax dollars)**

Optional for districts. A subject of negotiation.

Mandatory. Districts are required to set up Section 125 plans for employees.

"Sunset" provision

No expiration for mandatory contribution of 1.5% of salary.

After full implementation of mandatory premium sharing in each district, the current level becomes the starting point for future negotiations.

Normal retirement age

60, for members hired before November 2, 2008.
62, for members hired on or after November 2, 2008.

65 for new members of the retirement system as of June 28, 2011.

Early retirement

Eligible after 25 years of service. Penalty for early retirement varies based on age and date of entry into the retirement system.

Eligible after 30 years of service. Penalty of 3% per year for every year under age 65. Applies to new members of the retirement system as of June 28, 2011.

Final Average Salary

3 highest years for members hired on or before May 21, 2010.
5 highest years for members hired after May 21, 2010.

No change.

Formula

N/55 before for members hired on or before May 21, 2010.
N/60 after for members hired after May 21, 2010.

No change.

Cost of Living Adjustment (COLA)

60% of CPI after 25th pension check, and each February subsequent.

No COLA for future retirees. No additional COLA for current retirees. Cannot be reinstated until the system meets certain funding targets, which are not projected to be met for 30 years or more for TPAF.

Employee contribution

5.5% of base salary.

6.5% of base salary immediately, rising to 7.5% over 7 years.

State contribution

Phase in full contribution at a rate of 1/7 per year from 2012 to 2018. Not legally enforceable.

Phase in full contribution at a rate of 1/7 per year from 2012 to 2018. New language is intended to create a legal requirement for the state to make its phase-in payments through 2018 and full payments each year subsequently.

Premium Sharing

P.L. 2011 C. (pending)

	BASE SALARY	YEAR 1 PERCENTAGE	YEAR 2 PERCENTAGE	YEAR 3 PERCENTAGE	YEAR 4 PERCENTAGE
FAMILY COVERAGE					
Under	\$25,000	0.75%	1.50%	2.25%	3.00%
\$25,000 -	\$29,999	1.00%	2.00%	3.00%	4.00%
\$30,000 -	\$34,999	1.25%	2.50%	3.75%	5.00%
\$35,000 -	\$39,999	1.50%	3.00%	4.50%	6.00%
\$40,000 -	\$44,999	1.75%	3.50%	5.25%	7.00%
\$45,000 -	\$49,999	2.25%	4.50%	6.75%	9.00%
\$50,000 -	\$54,999	3.00%	6.00%	9.00%	12.00%
\$55,000 -	\$59,999	3.50%	7.00%	10.50%	14.00%
\$60,000 -	\$64,999	4.25%	8.50%	12.75%	17.00%
\$65,000 -	\$69,999	4.75%	9.50%	14.25%	19.00%
\$70,000 -	\$74,999	5.50%	11.00%	16.50%	22.00%
\$75,000 -	\$79,999	5.75%	11.50%	17.25%	23.00%
\$80,000 -	\$84,999	6.00%	12.00%	18.00%	24.00%
\$85,000 -	\$89,999	6.50%	13.00%	19.50%	26.00%
\$90,000 -	\$94,999	7.00%	14.00%	21.00%	28.00%
\$95,000 -	\$99,999	7.25%	14.50%	21.75%	29.00%
\$100,000 -	\$104,999	8.00%	16.00%	24.00%	32.00%
\$105,000 -	\$109,999	8.00%	16.00%	24.00%	32.00%
\$110,000 -	Over	8.75%	17.50%	26.25%	35.00%
MEMBER/PARTNER COVERAGE					
Under	\$25,000	0.88%	1.75%	2.63%	3.50%
\$25,000 -	\$29,999	1.13%	2.25%	3.38%	4.50%
\$30,000 -	\$34,999	1.50%	3.00%	4.50%	6.00%
\$35,000 -	\$39,999	1.75%	3.50%	5.25%	7.00%
\$40,000 -	\$44,999	2.00%	4.00%	6.00%	8.00%
\$45,000 -	\$49,999	2.50%	5.00%	7.50%	10.00%
\$50,000 -	\$54,999	3.75%	7.50%	11.25%	15.00%
\$55,000 -	\$59,999	4.25%	8.50%	12.75%	17.00%
\$60,000 -	\$64,999	5.25%	10.50%	15.75%	21.00%
\$65,000 -	\$69,999	5.75%	11.50%	17.25%	23.00%
\$70,000 -	\$74,999	6.50%	13.00%	19.50%	26.00%
\$75,000 -	\$79,999	6.75%	13.50%	20.25%	27.00%
\$80,000 -	\$84,999	7.00%	14.00%	21.00%	28.00%
\$85,000 -	\$89,999	7.50%	15.00%	22.50%	30.00%
\$90,000 -	\$94,999	7.50%	15.00%	22.50%	30.00%
\$95,000 -	\$99,999	7.50%	15.00%	22.50%	30.00%
\$100,000 -	Over	8.75%	17.50%	26.25%	35.00%
SINGLE COVERAGE					
Under	\$20,000	1.13%	2.25%	3.38%	4.50%
\$20,000 -	\$24,999	1.38%	2.75%	4.13%	5.50%
\$25,000 -	\$29,999	1.88%	3.75%	5.63%	7.50%
\$30,000 -	\$34,999	2.50%	5.00%	7.50%	10.00%
\$35,000 -	\$39,999	2.75%	5.50%	8.25%	11.00%
\$40,000 -	\$44,999	3.00%	6.00%	9.00%	12.00%
\$45,000 -	\$49,999	3.50%	7.00%	10.50%	14.00%
\$50,000 -	\$54,999	5.00%	10.00%	15.00%	20.00%
\$55,000 -	\$59,999	5.75%	11.50%	17.25%	23.00%
\$60,000 -	\$64,999	6.75%	13.50%	20.25%	27.00%
\$65,000 -	\$69,999	7.25%	14.50%	21.75%	29.00%
\$70,000 -	\$74,999	8.00%	16.00%	24.00%	32.00%
\$75,000 -	\$79,999	8.25%	16.50%	24.75%	33.00%
\$80,000 -	\$84,999	8.50%	17.00%	25.50%	34.00%
\$85,000 -	\$89,999	8.50%	17.00%	25.50%	34.00%
\$90,000 -	\$94,999	8.50%	17.00%	25.50%	34.00%
\$95,000 -	Over	8.75%	17.50%	26.25%	35.00%

Payment of percentage of premium will go into effect upon expiration of collective bargaining agreement, or June 28, 2011, if no current collective bargaining agreement is in effect. New employees, after premium sharing above commences, will have no phase-in period. Payment cannot be less than 1.5% of base.



HORIZON POS DESIGN 10 UNION TWP BOARD OF EDUCATION

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar year	
Deductible		
Individual	None	
Family	None	\$500
	Deductible is Calendar year.	
Coinsurance	100%	Two deductibles per family
Maximum Out of Pocket		
Individual	\$4,000	
Family	\$8,000	
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	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	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	60% after deductible
Specialist Office Visit	100% after \$10 copay A referral is required to visit a specialist.	60% after deductible
Maternity Visits	100% after \$10 copay Copay applies to 1st visit only	60% after deductible
Allergy Testing and Treatment	Dependent children are ineligible for Maternity/Obstetrical Benefits.	
Preventive Care	100%	60% after deductible
Routine Adult Physicals, GYN Exams, AP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)
Well Child Exams	100%	60% (no deductible)
Well Child Immunizations and Lead Screening	100%	60% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	60% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	60% 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 CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN 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 CCN replace the need for a paper referral.		
Hospital Care		
Inpatient Admission (including maternity)	100%	60% after deductible
Room and Board	100%	60% after deductible
Pre-admission Testing	100%	60% after deductible
Surgery in Hospital	100%	100%
Inpatient Physician Services	100%	60% after deductible
Outpatient Dept. Services	100%	60% after deductible
Emergency Care		
Emergency Room	100% after \$35 facility copayment	
Ambulance	100%	60% after deductible
Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.		

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Prescription Drugs	Covered under freestanding program
Eligibility	<p>Dependent children, including full-time students are covered until their 26th birthday. 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.</p> <p>Currently enrolled dependent children who would otherwise lose coverage due to those reasons on or prior to September 23, 2010 will also have coverage extended to age 26, provided that they continue to meet any other requirements for dependents' coverage and do not have any other group or individual health care coverage.</p>
Pre-Existing Conditions	<p>Employees and Dependents who have continuous coverage under the prior group contract and/or other previous health coverage, with no break in coverage of 63 days or more, will not be subject to the pre-existing condition exclusion. If the exclusion applies, for the first twelve months after an eligible person's enrollment under the contract, no benefits will be provided for services incident to, resulting from, or relating to any disease, injury or condition, which was treated or diagnosed by a health care professional within the six month period prior to enrollment for that person. Note, this does not apply to children who enroll within 30 days of birth or adoption.</p>
Prior Authorization	<p>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.</p>
24/7 Nurse Line	<p>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.</p>

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.

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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Prescription Drug Program

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Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
Three Tier Copayment Plan:			
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$5	\$10	\$20
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$5	\$15	\$25
Benefit Period Maximum	Unlimited		
Plan includes:	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives		

Specialty Pharmacy Program:

Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.

- Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail.

Exclusions:

- Anti-Obesity Drugs
- Over The Counter Vitamins & Minerals
- Growth Hormones (unless prior authorized)
- Drugs for Cosmetic Purposes
- Immunization Agents and Allergy Serum
- Lifestyle Drugs***

Dependent children, including full-time students, are covered until their 26th birthday. 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.

Currently enrolled dependent children who would otherwise lose coverage due to any reason other than age, on or prior to September 23, 2010, will also have coverage extended to age 26, provided that they are otherwise eligible for dependents' coverage and do not have any other group or individual health care coverage.

For more information about your prescription drug plan, please refer to our website at www.horizon-bcbnsj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.

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Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	\$100
Family	None	\$250
	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	\$400	\$2,000
Family	\$800	\$5,000
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	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after \$15 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	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 CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN 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 CCN replace the need for a paper referral.</i>		
Hospital Care		
Inpatient Admission (including maternity)	100%	70% after deductible
Room and Board	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 \$50 copay 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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Existing Conditions	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.

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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Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible		
Individual	None	\$100
Family	None	\$250
	Deductible is Calendar Year.	
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	\$400	\$2,000
Family	\$800	\$5,000
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	Unlimited
Lifetime Maximum	Unlimited	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	80% after deductible
Specialist Office Visit	100% after \$10 copay A referral is not required to visit a specialist.	80% after deductible
Maternity Visits	100% after \$10 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	80% after deductible
Allergy Testing and Treatment	100%	80% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	80% (no deductible)
Well Child Exams	100%	80% (no deductible)
Well Child Immunizations and Lead Screening	100%	80% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	80% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	80% 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 CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN 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 CCN replace the need for a paper referral.</i>		
Hospital Care		
Inpatient Admission (including maternity)	100%	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Dept. Services	100%	80% after deductible
Emergency Care		
Emergency Room	100% after \$25 copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	80% after deductible



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e-Existing Conditions	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.

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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