



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

## OMNIA 11 (with BlueCard)

Benefit	OMNIA Tier 1	Tier 2
<b>Benefit Period</b>	Contract Year	
<b>Deductible</b>		
Individual	\$1,000	\$2,500
Family	\$2,000	\$5,000
	Deductible is Contract Year	
<b>Coinsurance</b>	90%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$3,500	\$6,500
Family	\$7,000	\$13,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Contract Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	Unlimited
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$20 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after \$40 copay
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.	100% after \$50 copay
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	100% after \$50 copay
Allergy Testing and Treatment	90% after deductible outpatient facility	70% after deductible outpatient facility
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or LabCorp/Quest 90% after deductible in outpatient facility	100% in office or LabCorp/Quest 70% after deductible outpatient facility
X-ray/Radiology Services	100% in office 90% after deductible in outpatient facility	100% in office 70% after deductible outpatient facility
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 at <b>1-866-496-6200</b> and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at <b>1-866-969-1234</b> to schedule an appointment.		
<i>Note: Managed Care members can call <b>1-866-969-1234</b> to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	90% after deductible	70% after deductible
Room and Board	90% after deductible	70% after deductible
Pre-admission Testing	90% after deductible	70% after deductible
Surgery in Hospital	90% after deductible	70% after deductible
Inpatient Physician Services	90% after deductible	70% after deductible
Outpatient Department Services (Non-Surgical)	90% after deductible	70% after deductible

<b>Emergency Care</b>		
Emergency Room	\$100 facility copay then deductible then 90%	\$100 facility copay then deductible then 90%
Ambulance	100% after Tier 1 deductible	100% after Tier 1 deductible
<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	90% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	90% after deductible	70% after deductible
<b>Mental Health Services</b>		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
<b>Substance Abuse Services</b>		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
<b>Alcohol Abuse Services</b>		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Bariatric Surgery	90% after deductible	70% after deductible
Diabetic Education	100% after office copayment	70% after deductible
Diabetic Supplies	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Orthotics and Prosthetics	100% after \$20 copay	100% after \$40 copay
Home Health Care	100% after \$20 copay	100% after \$40 copay
Hospice Care	90% after deductible	70% after deductible
Infertility	90% after deductible	70% after deductible
Physical Rehabilitation Facility Inpatient Services	90% after deductible	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay 90% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period	100% after \$30 copay 70% after deductible in outpatient facility
Private Duty Nursing	90% after deductible in outpatient facility Limited to 30 visits per benefit period (8-hour shifts)	70% after deductible
Skilled Nursing Facility/Extended Care Center	90% after deductible Limited to 100 days per benefit period	70% after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after \$30 copay 25 visit maximum per benefit period	100% after \$30 copay
Adult Vision	Not Covered	Not Covered
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$150	
Telemedicine Services	100% after \$10 copay	
<b>Prescription Drugs</b>	Covered under freestanding prescription program	

<b>Eligibility</b>	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. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	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 <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .

The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations.

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. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.

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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